Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	3ox 202501 na, MT 59620	-2501	Due to School Clerk June 1						
Elementary District Re	sponsible for Re	imbursing the	Contract			County	<u> </u>	Legal Entity	
Grant Elem						Beaverhead		0003	
High School or K-12 D	istrict Responsib	le for Reimbur	sing the Cont	ract		County		Legal Entity	
Is this contract shar ☐ yes ☐ no	ed between el	ementary and	d high schoo	ol?					
Are you applying fo			□ No		Stud	lent Name	School	Grade	
(If yes, please attact ISOLATION: Section	20-10-142, MCA	k, provides for i							
rates for special circur increased rates, individ	dual circumstand	es must be rev	viewed and ap	proved by the	Stud	lent Name	School	Grade	
trustees of the district, Public Instruction. (10.				e Office of					
Check here only if incr	reased payment	due to isolation	n has been ap	proved by the	Stud	lent Name	School	Grade	
District Trustees and t	he County Trans		mittee. ials		<u> </u>	Land Nieman	Oakaal	0.5-1-	
Elem District Approval HS District Approval	•	□ no □ no			Stud	lent Name	School	Grade	
County Approval	□ yes	no				S CONTRACT IS FO des 1-12	<u>DR:</u>		
Parent or Guardian	Name: (Pleas	e Print)				st Semester Only	□ 2nd Semester On	ly Both Semesters	
Elias Cervantes						kindergarten/Kinder			
Physical Address (s	street address	only):			□ 1	st Semester Only	□ 2nd Semester On	ly Doth Semesters	
					KIN Kin	DERGARTEN/PRE	KINDERGARTEN:	age students also covered	
Distance from home	e to nearest sc HS 0	hool (one wa	y)		by t	his contract:			
Elementary 8					To c	r from Bus Stop r from School	times per day, times per day,	days per week days per week	
Distance from home Elementary 6	e to nearest bu HS 0	ıs stop, if any	(one way)		Kind	dergarten child ride	es without other scho	pol-age students: days per week	
□ Contract is for o	ne-way only				To c	r from School	times per day,	days per week	
Students in Each Grade L	, ,	the students to be	e covered by thi	is contract.	Dea	adlines:			
	Pre-K	К	1-8	9-12	PAF	RENTS: Due to Sch	ool Clerk June 1.		
	Total	Total	Total	Total			I to County Supt by Ju	ly 1, retain a copy for your	
Regular Trans					files				
Spec. Ed. Trans						JNTY SUPERINTEN for your files.	IDENTS: Send origina	al to OPI by July 10, retain a	
Room & Board							IMBURSEMENT R		
Correspondence						(For dist	rict, county and OPI	use only)	
Reg.						Reimb	ursement rate is deter	 mined by	
Contingency Spec. Ed. Contin.						T Commission	20-10-142, MCA.	Timiod by	
opos: _u. os									
Agreement betweer	n parent (parer	nt name)			, and	I school district (dist	rict name)	······································	
(county name) The parties agree as follow	ws:		(County, hereinaf	ter referred	to as the District(s).			
 The parent shall trans 	ansport or provide t					the days when school is in		dian assures that a licensed and	
transported for the	past semester.		•		•	,	·	imber of days the student(s) was	
This contract shall	terminate at the en	d of the school ye	ear or when the	student(s) is no longe		the information accompany hool, whichever occurs firs		Data	
Elementary School Grant Elem		Chair, Board of Trustees						Date	
High School District	t	Chair, Boa	rd of Truste	es				Date	
			I attest	t that the above	information	is true and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005 Due to School Clerk June Contract #

Heler	na, MT 59620	-2501		Dı	ue to Scho	ol Clerk June 1			
Elementary District Re	sponsible for Re	imbursing the	Contract			County	•	Legal Entity	
Grant Elem						Beaverhead		0003	
High School or K-12 D	istrict Responsib	ole for Reimbu	rsing the Cont	ract		County		Legal Entity	
	•		-			-			
				10					
ls this contract share □ yes □ no	ed between el	ementary ar	id high schoo	ol?					
Are you applying for			□ No		Stud	dent Name	School		Grade
(If yes, please attack ISOLATION: Section 2	n explanation) 20-10-142, MC <i>P</i>	A, provides for	increased rein	nbursement	1				
rates for special circum increased rates, individual trustees of the district,	fual circumstance the county trans	es must be re	viewed and ap	proved by the	Stud	lent Name	School		Grade
Public Instruction. (10.	7.116 ARM prov	ides guideline	s for such.)		Stuc	dent Name	School		Grade
Check here only if incre District Trustees and the	eased payment ne County Trans	portation Con	nmittee.	proved by the					2.0.00
Elem District Approval		no	itials		Stud	lent Name	School		Grade
HS District Approval County Approval		□ no □ no			THIS CONTRACT IS FOR:				
Parent or Guardian						des 1-12		l	
la anni a On a an						st Semester Only	□ 2nd Semester On	ly □ Both Se	mesters
Jeannie Spoon Physical Address (s	treet address	only).				kindergarten/Kinder			
1 Hysical Address (s	licci addicas	Offig).			⊔ 1	st Semester Only	□ 2nd Semester On	ly 🗆 Both Se	mesters
Distance from home	e to nearest sc	hool (one wa	ay)		Kind	DERGARTEN/PREM Dergarten child ride his contract:	KINDERGARTEN: es <u>with</u> other school-	age students a	lso covered
Elementary 8	HS 0	·	• ·		To c	or from Bus Stop	times per day,	day	s per week
Distance from home Elementary 4	to nearest but HS 0	ıs stop, if an	y (one way)		Kin d To d	dergarten child ride or from Bus Stop	times per day, es <u>without</u> other scho times per day,	ool-age studen day:	s per week
□ Contract is for o	ne-way only				To c	or from School	times per day,	day	s per week
Students in Each Grade Le	evel - Only include	the students to t	ne covered by thi	s contract.	Dea	adlines:			
	Pre-K	V	4.0	9-12	PAF	RENTS: Due to Sch	ool Clerk June 1.		
	Total	K Total	1-8 Total	Total	CLERKS: Send original to County Supt by July 1, retain a copy for your files.				
Regular Trans					001	INITY OF DEDINATES	IDENTO Considerático	-14- 001 5 1	. 40
Spec. Ed. Trans						for your files.	IDENTS: Send origina	ai to OPI by July	/ 10, retain a
Room & Board							IMBURSEMENT R	—	
Correspondence						(For dist	rict, county and OP	l use only)	
Reg.						Doimh	ursement rate is deter	minod by	
Contingency						Reillib	20-10-142, MCA.	illilled by	
Spec. Ed. Contin.									
Agreement between	n parent (parer	nt name)			, and	d school district (distr	rict name)		,
(county name)				County, hereina	fter referred	to as the District(s).			
The parties agree as follow 1. The parent shall tra		ransportation for	the student(s) to	and from the school	ol or bus stop on	the days when school is in	session. The parent or guar	dian assures that a li	censed and
insured driver will to	ransport the studer	nts. Mileage cor	tracts are valid of	only when transportat	tion for the dista	nce reported on the contract			
transported for the	past semester.		•		·	the information accompany	•		-(-) :: ==
This contract shall	terminate at the en	d of the school y	ear or when the	student(s) is no long		chool, whichever occurs firs		Date	
Elementary School I Grant Elem	DISTRICT	Chair, Boa	ard of Truste	es				Date	
High School District		Chair, Boa	ard of Truste	es				Date	
			I attes	t that the above	information	is true and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	30x 202501 na, MT 59620	-2501	Due to School Clerk June 1						
Elementary District Re	sponsible for Re	imbursing the	Contract			County	<u> </u>	Legal Entity	
Grant Elem						Beaverhead		0003	
High School or K-12 D	istrict Responsib	le for Reimbu	rsing the Cont	tract		County		Legal Entity	
Is this contract share □ yes □ no	ed between el	ementary an	d high school	ol?					
Are you applying for			□ No		Stuc	lent Name	School	Grade	
(If yes, please attac ISOLATION: Section	20-10-142, MCA	, provides for							
rates for special circum increased rates, individ	dual circumstanc	es must be re	viewed and ap	oproved by the	Stuc	lent Name	School	Grade	
trustees of the district, Public Instruction. (10.				e Office of					
Check here only if incre				proved by the	Stud	lent Name	School	Grade	
District Trustees and th	ne County Trans		mittee. tials		Ctuc	lant Nama	Cahaal	Crada	
Elem District Approval HS District Approval	•	□ no □ no				lent Name	School	Grade	
County Approval	□ yes □	no				S CONTRACT IS FO des 1-12	<u>DR:</u>		
Parent or Guardian	Name: (Please	e Print)				st Semester Only	□ 2nd Semester On	ly Both Semesters	
Kelly Worrell Physical Address (s	troot address	only):				kindergarten/Kinder			
Filysical Address (S	lieel address	orily).			□ 1	st Semester Only	□ 2nd Semester On	ly Doth Semesters	
					KIN Kin	DERGARTEN/PRE	KINDERGARTEN:	age students also covered	
Distance from home Elementary 18	e to nearest sc HS 0	hool (one wa	ay)		by t	his contract:		_	
·					To c	r from School	times per day, _	days per week days per week	
Distance from home Elementary 7	e to nearest bu HS 0	is stop, if any	y (one way)		Kind To d	dergarten child ride or from Bus Stop	es without other scho	ool-age students: days per week	
□ Contract is for o	ne-way only				To c	r from School	times per day,	days per week	
Students in Each Grade Le	, ,	the students to b	e covered by thi	is contract.	Dea	adlines:			
	Pre-K	К	1-8	9-12	PAR	RENTS: Due to Sch	ool Clerk June 1.		
	Total	Total	Total	Total			to County Supt by Ju	ly 1, retain a copy for your	
Regular Trans					files				
Spec. Ed. Trans						for your files.	IDEN 15: Send origina	al to OPI by July 10, retain a	
Room & Board							IMBURSEMENT R		
Correspondence						(For dist	rict, county and OPI	use only)	
Reg.						 Reimb	ursement rate is deteri	 mined by	
Contingency Spec. Ed. Contin.							20-10-142, MCA.		
Agreement betweer	n parent (parer	nt name)			, and	I school district (dist	rict name)	······································	
(county name) The parties agree as follow	vs:		(County, hereinaf	fter referred	to as the District(s).			
insured driver will t	ransport the studer	nts. Mileage con	tracts are valid of	only when transportation	on for the dista	nce reported on the contra-	ct actually occurs.	dian assures that a licensed and	
transported for the	past semester.	•	•		•	,	•	imber of days the student(s) was	
	terminate at the en	d of the school y	ear or when the	student(s) is no longe		the information accompany hool, whichever occurs firs		Date	
Grant Elem									
High School District		Chair, Boa	ard of Truste	es				Date	
		·	I attes	t that the above	information	is true and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Bo	x 202501 a, MT 59620			_	chool Year 2004- 200 e to School Clerk June		
Elementary District Resp	oonsible for Re	imbursing the C	Contract		County		Legal Entity
High School or K-12 Dis	trict Responsit	ole for Reimburs	ing the Cont	ract	County		Legal Entity
Beaverhead Cou	nty H S				Beaverhe	ad	0006
Is this contract shared □ yes □ no	d between el	ementary and	high school	ol?			
Are you applying for it (If yes, please attach ISOLATION: Section 20	explanation)		□ No	phureomont	Student Name	School	Grade
rates for special circums increased rates, individu trustees of the district, th Public Instruction. (10.7.	tances of isola al circumstance e county trans	tion of residences must be revi eportation comm	e. In order to ewed and ap littee, and the	o receive oproved by the	Student Name	School	Grade
Check here only if increa District Trustees and the	sed payment	due to isolation portation Comn	has been ap nittee.	proved by the	Student Name	School	Grade
Elem District Approval HS District Approval		Initia □ no □ no	als 		Student Name	School	Grade
County Approval Parent or Guardian N	□ yes	no			THIS CONTRACT Grades 1-12		
Bryan Mussard	arric. (r icas	e i iiit)			□ 1st Semester C	•	Only Both Semesters
Physical Address (str	eet address	only):			Pre-kindergarten/l 1st Semester C		Only Both Semesters
Distance from home to Elementary 0 Distance from home to Elementary 0 Contract is for one Students in Each Grade Level Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 0 so nearest bu HS 5.2 e-way only	s stop, if any	(one way)	s contract. 9-12 Total	Kindergarten chi by this contract: To or from Bus St To or from School Kindergarten chi To or from Bus St To or from School Deadlines: PARENTS: Due to CLERKS: Send of files. COUNTY SUPER copy for your files	times per da times per da times per da de	days per week da
insured driver will trai 2. In March and June, the transported for the part of the payment shall be	sport or provide the studer of the studer of the studer of the District shall past semester. The computed on the triminate at the er	ransportation for the state of the parent the state basis of the sch	ne student(s) to acts are valid o sum officially a edule establish ar or when the	o and from the school only when transportatio opproved in the applicated in Section 20-10-14 student(s) is no longer	n for the distance reported on th	rict(s). hool is in session. The parent or get on the contract actually occurs, there or principal of the school of the companying this contract.	guardian assures that a licensed and the number of days the student(s) was
High School District	iou iot	Chair, Boar					Date
Beaverhead County F	1S	Chair, Boar					540
Signature - Parent or G	iuardian		I attest	that the above in	nformation is true and co	prrect.	
Signature Farent Of G						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO E	Box 202501 na, MT 59620				School Year 2004- 2005 ue to School Clerk June 1				
Elementary District Re	sponsible for Re	eimbursing the	Contract		County		Legal Entity		
High School or K-12 D	istrict Responsil	ole for Reimbu	rsing the Cont	ract	County		Legal Entity		
Beaverhead Co	unty H S				Beaverhead		0006		
Is this contract shar ☐ yes ☐ no	ed between el	ementary an	d high school	ol?					
Are you applying for (If yes, please attac			□ No		Student Name	School	Grade		
ISOLATION: Section rates for special circun increased rates, individual trustees of the district,	nstances of isola dual circumstand the county trans	ation of resident ces must be resportation com-	ice. In order to viewed and ap mittee, and the	o receive oproved by the	Student Name	School	Grade		
Public Instruction. (10. Check here only if incr District Trustees and the	eased payment	due to isolation	n has been ap	proved by the	Student Name	School	Grade		
Elem District Approval	-		tials		Student Name	School	Grade		
HS District Approval County Approval	□ yes	□ no			THIS CONTRACT IS I	FOR:			
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 □ 1st Semester Only	□ 2nd Semester Only	y □ Both Semesters		
Debra L. Gross					Pre-kindergarten/Kinde				
Physical Address (s	treet address	only):			☐ 1st Semester Only	☐ 2nd Semester Only	y Both Semesters		
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for o	HS 0 e to nearest bu HS 0 ne-way only	us stop, if any	/ (one way)		by this contract: To or from Bus Stop_ To or from School Kindergarten child rie To or from Bus Stop_ To or from School	des <u>with</u> other school-a times per day, _ times per day, _ des without other scho	days per week days per week days per week ol-age students: days per week days per week days per week		
Students in Each Grade Lo	evel - Only include	the students to b	e covered by thi	is contract.	<u>Deadlines:</u> PARENTS: Due to So	chool Clerk June 1.			
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: Send original to County Supt by July 1, retain a copy for yo files.				
Regular Trans						ENDENTS: Send origina	I to OPI by July 10, retain a		
Spec. Ed. Trans					copy for your files.	•			
Room & Board Correspondence						REIMBURSEMENT RA strict, county and OPI			
Reg.					Doim	bursement rate is detern	aired by		
Contingency Spec. Ed. Contin.					Kelili	20-10-142, MCA.	lined by		
		I							
Agreement betweer	n parent (pare	nt name)			, and school district (di	strict name)	,,		
insured driver will t 2. In March and June transported for the 3. The payment shall	ansport or provide ransport the stude , the District shall p past semester. be computed on the	nts. Mileage compay the parent the	the student(s) to tracts are valid of e sum officially a chedule establish	o and from the school only when transportati pproved in the applicated in Section 20-10-	fter referred to as the District(s) or bus stop on the days when school is oin for the distance reported on the contaction upon certification by the teacher of the distance o	in session. The parent or guard ract actually occurs. principal of the school of the nur			
Elementary School			ard of Truste				Date		
High School District Beaverhead County		Chair, Boa	Chair, Board of Trustees Date						
			I attes	t that the above	information is true and correct				
Signature - Parent or	Guardian					Date			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO E	Box 202501 na, MT 59620				School Year 2004- 2005 ue to School Clerk June 1				
Elementary District Re	sponsible for Re	eimbursing the	Contract		County		Legal Entity		
High School or K-12 D	istrict Responsi	ole for Reimbu	rsing the Cont	ract	County		Legal Entity		
Beaverhead Co	unty H S				Beaverhead		0006		
Is this contract shar ☐ yes ☐ no	ed between e	ementary an	d high school	ol?					
Are you applying for (If yes, please attac	h explanation)	□ No		Student Name	School	Grade		
ISOLATION: Section rates for special circum increased rates, individual trustees of the district,	nstances of isola dual circumstand the county trans	ation of resident ces must be resportation com-	ice. In order to viewed and ap mittee, and the	o receive oproved by the	Student Name	School	Grade		
Public Instruction. (10. Check here only if incr District Trustees and the	eased payment	due to isolation	n has been ap	proved by the	Student Name	School	Grade		
Elem District Approval	□ yes	Ini □ no	tials		Student Name	School	Grade		
HS District Approval County Approval		□ no □ no			THIS CONTRACT IS F	FOR:			
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 □ 1st Semester Only	□ 2nd Semester Only	y Both Semesters		
Drin Becker Physical Address (s	treet address	only).			Pre-kindergarten/Kinde		= D # 0		
1 Hysical Address (s	arcet address	Orny).			Since I see the start of the st	□ 2nd Semester Only	y Both Semesters		
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for o	HS 0 e to nearest bu HS 10	·			Kindergarten child rice by this contract: To or from Bus Stop To or from School Kindergarten child rice	des <u>with</u> other school-a times per day, _ times per day, _ des without other scho	days per week days per week days per week ol-age students: days per week days per week days per week		
Students in Each Grade Le	, ,	the students to b	e covered by the	is contract.	Deadlines:				
	Pre-K	K	1-8	9-12	PARENTS: Due to Sc				
De volen Trene	Total	Total	Total	Total	CLERKS: Send original to County Supt by July 1, retain a copy for files.				
Regular Trans Spec. Ed. Trans					COUNTY SUPERINTE copy for your files.	NDENTS: Send origina	ıl to OPI by July 10, retain a		
Room & Board					R	EIMBURSEMENT RA			
Correspondence					(For dis	strict, county and OPI	use only)		
Reg. Contingency					Reim	bursement rate is detern 20-10-142, MCA.	nined by		
Spec. Ed. Contin.									
Agreement betweer	n parent (pare	nt name)			, and school district (dis	strict name)	,		
insured driver will t 2. In March and June transported for the 3. The payment shall	ansport or provide ransport the stude , the District shall p past semester. be computed on the	nts. Mileage compay the parent the	the student(s) to tracts are valid of e sum officially a chedule establish	o and from the schoo only when transportat pproved in the applic ned in Section 20-10-	fter referred to as the District(s I or bus stop on the days when school is ion for the distance reported on the contration upon certification by the teacher or 142, MCA, and the information accompa er enrolled in school, whichever occurs f	in session. The parent or guard act actually occurs. principal of the school of the nul nying this contract.			
Elementary School	District	Chair, Boa	rd of Truste	es		Date			
High School District Beaverhead County		Chair, Boa	rd of Truste	es			Date		
			I attes	t that the above	information is true and correct				
Signature - Parent or	Guardian					Date			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	Box 202501 na, MT 59620)-2501			School Year le to School	2004- 2005 Clerk June 1		
Elementary District Re	esponsible for Re	eimbursing the	Contract		(County	I	Legal Entity
High School or K-12 D	District Responsi	ble for Reimbu	rsing the Cont	ract	(County		Legal Entity
Beaverhead Co	ounty H S					Beaverhead		0006
Is this contract shar		lementary an	d high scho	ol?	<u>'</u>			
□ yes□ noAre you applying fo	r isolation stat	us? □ Yes	□ No		Otrada	-4 N	Ochool	Orada
(If yes, please attaction: Section	h explanation)	increased reir	mbursement	Stude	nt Name	School	Grade
rates for special circur increased rates, indivi- trustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	ation of residen ces must be re- sportation com	ce. In order to viewed and appoint and the mittee, and the mittee.	o receive oproved by the	Stude	nt Name	School	Grade
Check here only if incomplistrict Trustees and t	reased payment	due to isolation	n has been ap	proved by the	Stude	nt Name	School	Grade
Elem District Approval		□ no	tials		Stude	nt Name	School	Grade
HS District Approval County Approval		□ no				CONTRACT IS FO	DR:	
Parent or Guardian	Name: (Pleas	e Print)				s 1-12 Semester Only	□ 2nd Semester Only	y □ Both Semesters
Karla Stradtmaı Physical Address (s		only):				ndergarten/Kinder Semester Only	garten □ 2nd Semester Only	y Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for o Students in Each Grade L Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 0 e to nearest but HS 16.3 ene-way only evel - Only include Pre-K Total	the students to b	e covered by th	9-12 Total	Kinde by thi To or To or Kinde To or To or To or To or To or To or CLER files. COUN copy f	rgarten child rides contract: from Bus Stop_ from School rgarten child rides from Bus Stop_ from School Illines: NTS: Due to School ITY SUPERINTEN or your files. RE (For dist	times per day,times per day,	days per week days per week days per week
insured driver will In March and June transported for the The payment shall This contract shall	ws: ansport or provide transport the stude , the District shall p past semester. I be computed on to	transportation for nts. Mileage con pay the parent the ne basis of the so nd of the school y	the student(s) tracts are valid of esum officially a hedule establishear or when the	o and from the school only when transportatic pproved in the applica ned in Section 20-10-1 student(s) is no longe	or bus stop on the on for the distance ation upon certificate.	e reported on the contract	session. The parent or guard ct actually occurs. rincipal of the school of the nur ring this contract.	ian assures that a licensed and mber of days the student(s) was
Elementary School		Chair, Board of Trustees						Date
High School District Beaverhead County		Chair, Boa	rd of Truste	es				Date
			I attes	t that the above i	information is	true and correct.		
Signature - Parent or	r Guardian						Date	

Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

Address, City, Zip Code

Contract #

PO B	ox 202501 na, MT 59620			005 une 1						
Elementary District Res	sponsible for Re	eimbursing the	Contract		County		Legal Entity			
High School or K-12 Di	strict Responsil	ole for Reimbu	rsing the Cont	ract	County		Legal Entity			
Beaverhead Cou	unty H S				Beaverl	head	0006			
Is this contract share		ementary an	d high school	ol?			<u> </u>			
□ yes□ noAre you applying for	isolation stat	us? □ Yes	□ No		-					
(If yes, please attach	n explanation)	1		nbursement	Student Name	School	Grade			
rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.7	stances of isola ual circumstand the county trans	ation of resider ces must be re sportation com	nce. In order to viewed and appoint the mittee, and the	o receive oproved by the	Student Name	School	Grade			
Check here only if incre District Trustees and th	eased payment	due to isolation	n has been ap imittee.	proved by the	Student Name	School	Grade			
Elem District Approval		□ no	tials		Student Name	School	Grade			
	□ yes	□ no □ no			THIS CONTRACT IS FOR: Grades 1-12					
Parent or Guardian	Name: (Pleas	e Print)				er Only	r Only Both Semesters			
Ken Schira Physical Address (st	reet address	only):				en/Kindergarten er Only □ 2nd Semeste	r Only Both Semesters			
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for or Students in Each Grade Letter Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 52 to nearest bu HS 10 ne-way only	us stop, if any	y (one way)	9-12 Total	KINDERGARTEN/PREKINDERGARTEN: Kindergarten child rides with other school-age students also oby this contract: To or from Bus Stop times per day, days per To or from School times per day, days per Kindergarten child rides without other school-age students: To or from Bus Stop times per day, days per To or from School times per day, days per To or from School times per day, days per					
insured driver will tr 2. In March and June, transported for the 3. The payment shall	rs: nsport or provide ansport the stude the District shall p past semester. be computed on the	transportation for nts. Mileage con pay the parent the ne basis of the so nd of the school y	the student(s) to tracts are valid of e sum officially a chedule establish	o and from the school only when transportation pproved in the applicated in Section 20-10-1 student(s) is no longer	ter referred to as the C or bus stop on the days when	n school is in session. The parent of n the contract actually occurs, teacher or principal of the school of n accompanying this contract.	guardian assures that a licensed and the number of days the student(s) was			
High School District		,	ard of Truste				Date			
Beaverhead County	HS	J.idii, 500								
Signature - Parent or	Guardian		I attes	t that the above	information is true and	Correct.				
Signature i diciti di	- 441 41411					Date				

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO B	Box 202501 na, MT 59620				School Year 2004- 2005 ue to School Clerk June 1				
Elementary District Re	sponsible for Re	eimbursing the	Contract		County		Legal Entity		
High School or K-12 D	istrict Responsi	ole for Reimbu	rsing the Cont	ract	County		Legal Entity		
Beaverhead Co	unty H S				Beaverhead		0006		
Is this contract share □ yes □ no	ed between e	ementary an	d high school	ol?					
Are you applying for (If yes, please attack	h explanation)	□ No		Student Name	School	Grade		
ISOLATION: Section rates for special circum increased rates, individing trustees of the district,	nstances of isola dual circumstand the county trans	ation of resident ces must be re- sportation com-	ce. In order to viewed and appointed and the	o receive oproved by the	Student Name	School	Grade		
Public Instruction. (10.) Check here only if incredistrict Trustees and the	eased payment	due to isolation	n has been ap	proved by the	Student Name	School	Grade		
Elem District Approval	-		tials		Student Name	School	Grade		
HS District Approval County Approval		□ no			THIS CONTRACT IS	FOR:			
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 ☐ 1st Semester Only	□ 2nd Semester Onl	y Both Semesters		
Penny Ruth Physical Address (s	troot addraga	anh di			Pre-kindergarten/Kind				
Physical Address (s	ireet address	orily).			□ 1st Semester Only KINDERGARTEN/PR	□ 2nd Semester Onl	y Both Semesters		
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for or	HS 0 e to nearest bu HS 23	·			Kindergarten child r by this contract: To or from Bus Stop_ To or from School Kindergarten child r	ides <u>with</u> other school-a times per day, times per day, ides without other scho	days per week days per week days per week ol-age students: days per week days per week days per week		
Students in Each Grade Le	evel - Only include	the students to b	e covered by thi	is contract.	<u>Deadlines:</u> PARENTS: Due to S	ahaal Clark Juna 1			
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: Send original to County Supt by July 1, retain a copy for your				
Regular Trans					files.	ENDENTS: Conductions	I to ODI by July 10, rotoin a		
Spec. Ed. Trans					copy for your files.	ENDENTS: Send ongina	I to OPI by July 10, retain a		
Room & Board						REIMBURSEMENT RA			
Correspondence Reg.									
Contingency Spec. Ed. Contin.					Reir	nbursement rate is determ 20-10-142, MCA.	nined by		
Agreement between	n parent (pare	nt name)			, and school district (d	istrict name)			
insured driver will t 2. In March and June transported for the 3. The payment shall	ansport or provide ransport the stude , the District shall p past semester. be computed on the	nts. Mileage compay the parent the	the student(s) to tracts are valid of e sum officially a hedule establish	o and from the school only when transportati pproved in the applicated in Section 20-10-	fter referred to as the District(or bus stop on the days when school it on for the distance reported on the corruption upon certification by the teacher of the corruption of the distance reported on the corruption of the distance reported on the corruption of the distance of the dista	s in session. The parent or guard tract actually occurs. or principal of the school of the nur anying this contract.			
Elementary School	District	Chair, Boa	rd of Truste	es			Date		
High School District Beaverhead County		Chair, Boa	rd of Truste	es			Date		
			I attes	t that the above	information is true and correct	ct.			
Signature - Parent or	Guardian	·		-		Date			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	Box 202501 na, MT 59620)-2501			School Year 2 ie to School (
Elementary District Re	esponsible for Re	eimbursing the	Contract		С	ounty		Legal Entity	
High School or K-12 D	istrict Responsi	ble for Reimbu	rsing the Con	tract	С	ounty		Legal Entity	
Beaverhead Co	unty H S				В	eaverhead		0006	
Is this contract shar		lementary an	d high scho	ol?	<u>'</u>				
□ yes□ noAre you applying fo	r isolation stat	us? □ Yes	□ No		Childre	4 Name	Cabaal	Crada	
(If yes, please attaction isoLATION: Section	h explanation 20-10-142, MCA) A, provides for	increased reir	mbursement	Studen	t Name	School	Grade	
rates for special circur increased rates, indivi- trustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	ation of resider ces must be re sportation com	nce. In order to viewed and appoint and the mittee, and the	o receive oproved by the	Studen	t Name	School	Grade	
Check here only if incomplistrict Trustees and t	eased payment	due to isolation	n has been ap imittee.	proved by the	Studen	t Name	School	Grade	
Elem District Approval		□ no	tials		Studen	t Name	School	Grade	
	□ yes	□ no □ no				ONTRACT IS FO	DR:		
Parent or Guardian	Name: (Pleas	e Print)			Grades □ 1st \$		□ 2nd Semester Onl	y Both Semesters	
Robert Schonsk Physical Address (s	oerg street address	only):			Pre-kindergarten/Kindergarten □ 1st Semester Only □ 2nd Semester Only □ Both Semesters				
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for o Students in Each Grade L	HS 40 e to nearest but HS 13 ne-way only evel - Only include	us stop, if any the students to b	y (one way) se covered by th	9-12	by this To or fr To or fr Kinder To or fr To or fr Dead PAREN	contract: om Bus Stop om School garten child ride om Bus Stop om School lines: ITS: Due to Sch	times per day,times per day,times per day,times per day,times per day,times per day,tool Clerk June 1.	days per week days per week days per week	
Regular Trans	Total	Total	Total	Total	CLERKS: Send original to County Supt by July 1, retain a copy for y files.				
Spec. Ed. Trans						TY SUPERINTEN r your files.	IDENTS: Send origina	ıl to OPI by July 10, retain a	
Room & Board							EIMBURSEMENT RA		
Correspondence							, ,	,,	
Reg. Contingency Spec. Ed. Contin.						Reimb	ursement rate is detern 20-10-142, MCA.	nined by	
insured driver will 2. In March and June transported for the 3. The payment shall	ws: ansport or provide transport the stude the District shall to past semester. I be computed on the	transportation for nts. Mileage con pay the parent the	the student(s) t tracts are valid of e sum officially a	o and from the school only when transportation on the application of the application of the section 20-10-1	or bus stop on the on for the distance ation upon certificat	reported on the contra	session. The parent or guard ct actually occurs. rincipal of the school of the nu	ian assures that a licensed and mber of days the student(s) was	
Elementary School			ard of Truste					Date	
High School District Beaverhead County		Chair, Boa	ard of Truste	es				Date	
			I attes	t that the above i	information is	true and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	Box 202501 na, MT 59620)-2501			School Year 2 ie to School C				
Elementary District Re	esponsible for Re	eimbursing the	Contract		Co	ounty	<u> </u>	Legal Entity	
High School or K-12 D	istrict Responsi	ole for Reimbu	rsing the Con	tract	Co	ounty		Legal Entity	
Beaverhead Co	unty H S				В	eaverhead		0006	
Is this contract shar		ementary an	d high scho	ol?	<u>'</u>				
□ yes□ noAre you applying fo	r isolation stat	us? □ Yes	□ No		Children	Nama	Cabaal	Crada	
(If yes, please attaction isoLATION: Section	h explanation 20-10-142, MCA) A, provides for	increased reir	mbursement	Student	Name	School	Grade	
rates for special circur increased rates, indivi- trustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	ation of resider ces must be re sportation com	nce. In order to viewed and appoint and the mittee, and the	o receive oproved by the	Student	Name	School	Grade	
Check here only if incomplistrict Trustees and t	eased payment	due to isolation	n has been ap imittee.	proved by the	Student	Name	School	Grade	
Elem District Approval		□ no	tials		Student	Name	School	Grade	
HS District Approval County Approval		□ no □ no			THIS Co	ONTRACT IS FO	OR:		
Parent or Guardian	Name: (Pleas	e Print)					□ 2nd Semester Only	y Both Semesters	
S. Kay Conover Physical Address (s	r-Smith street address	only):			Pre-kindergarten/Kindergarten □ 1st Semester Only □ 2nd Semester Only □ Both Semesters				
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for o Students in Each Grade L	HS 18 e to nearest bu HS 7 ine-way only evel - Only include	us stop, if any	y (one way)		To or fro To or fro Kinderg To or fro To or fro	om School garten child ride om Bus Stop om School	times per day, _ es without other scho	days per week days per week ol-age students: days per week days per week days per week	
D 1 T	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: Send original to County Supt by July 1, retain a copy for y files.				
Regular Trans Spec. Ed. Trans						Y SUPERINTEN your files.	NDENTS: Send origina	I to OPI by July 10, retain a	
Room & Board							EIMBURSEMENT RA		
Correspondence						,	, ,	3,	
Reg. Contingency Spec. Ed. Contin.						Reimb	ursement rate is detern 20-10-142, MCA.	nined by	
insured driver will 2. In March and June transported for the 3. The payment shall	ws: ansport or provide transport the stude the District shall to past semester. I be computed on the	transportation for nts. Mileage con pay the parent the ne basis of the so	the student(s) t tracts are valid of e sum officially a	only when transportation	or bus stop on the con for the distance ration upon certification	days when school is in eported on the contra on by the teacher or p	n session. The parent or guard ct actually occurs. rincipal of the school of the nur	ian assures that a licensed and mber of days the student(s) was	
Elementary School		Chair, Board of Trustees						Date	
High School District Beaverhead County		Chair, Boa	ard of Truste	es				Date	
			I attes	t that the above i	information is to	rue and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	ox 202501 na, MT 59620	-2501				2004- 2005 I Clerk June 1			
Elementary District Res	sponsible for Re	eimbursing the (Contract			County	<u>'</u>	Legal Entity	
High School or K-12 Di	strict Responsit	ole for Reimbur	sing the Con	tract		County		Legal Entity	
Beaverhead Cou	unty H S					Beaverhead		0006	
Is this contract share ☐ yes ☐ no	ed between el	ementary and	d high scho	ol?					
Are you applying for (If yes, please attach	n explanation)		□ No		Stude	ent Name	School	Grade	
rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.7)	stances of isola ual circumstand the county trans	ition of residences must be rev sportation comm	ce. In order to iewed and appointed, and the	o receive oproved by the	Stude	ent Name	School	Grade	
Check here only if incre District Trustees and th				proved by the	Stude	ent Name	School	Grade	
		Init □ no			Stude	ent Name	School	Grade	
HS District Approval County Approval							DR:		
Parent or Guardian	Name: (Pleas	e Print)				es 1-12 t Semester Only	□ 2nd Semester Onl	y Both Semesters	
Shawna Page					Pre-k	indergarten/Kinder	garten		
Physical Address (st	reet address	only):					☐ 2nd Semester Onl	y Both Semesters	
Distance from home Elementary 0 Distance from home Elementary 0	HS 0	·			Kinde by th To or To or Kinde	is contract: from Bus Stop from School ergarten child ride	times per day, times per day, times per day, es without other scho	days per week days per week days per week col-age students: days per week days per week days per week days per week	
□ Contract is for or	, ,						umoo por day, _	days per week	
Students in Each Grade Le					PARE	dlines: ENTS: Due to Sch	ool Clerk June 1.		
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: Send original to County Supt by July 1, retain a copy for yo files.				
Regular Trans Spec. Ed. Trans					COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retacopy for your files.				
Room & Board					сору	,	EIMBURSEMENT R	ΔΤΕ	
Correspondence							rict, county and OPI		
Reg. Contingency						Reimb	ursement rate is deterr 20-10-142, MCA.	mined by	
Spec. Ed. Contin.							20-10-142, MCA.		
Agreement between	parent (parei	nt name)				school district (dist		······································	
(county name) The parties agree as follow				•		o as the District(s).			
insured driver will tr	ansport the stude	nts. Mileage conti	racts are valid	only when transportation	on for the distance	e reported on the contra	ct actually occurs.	dian assures that a licensed and mber of days the student(s) was	
transported for the payment shall	past semester. be computed on the	ne basis of the sch	edule establish	ned in Section 20-10-1	42, MCA, and th	e information accompany	ving this contract.	2. 22,2 2.0 0.000(0) 1100	
4. This contract shall t Elementary School [erminate at the er	Chair, Boa	ear or when the	student(s) is no longe	er enrolled in scho	ool, whichever occurs firs	st.	Date	
High School District Beaverhead County		Chair, Boa	rd of Truste	es				Date	
20070111000 County		<u> </u>	I attes	t that the above i	information is	s true and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	Box 202501 na, MT 59620)-2501			chool Year 200 e to School Cle			
Elementary District Re	esponsible for Re	eimbursing the	Contract		Coun	ity		Legal Entity
High School or K-12 D	District Responsi	ble for Reimbur	sing the Cont	tract	Coun	ity		Legal Entity
Beaverhead Co	ounty H S				Bea	verhead		0006
Is this contract shar ☐ yes ☐ no	red between e	lementary an	d high scho	ol?				
Are you applying fo	h explanation)	□ No		Student N	ame	School	Grade
ISOLATION: Section rates for special circur increased rates, indivitrustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	ation of residen ces must be rev sportation comi	ce. In order t viewed and ap mittee, and th	o receive oproved by the	Student N	ame	School	Grade
Check here only if inconstruct Trustees and t	reased payment	due to isolation	n has been ap	pproved by the	Student N	ame	School	Grade
Elem District Approval	□ yes	Init	tials		Student N	ame	School	Grade
HS District Approval County Approval		□ no □ no				ITRACT IS FO	DR:	
Parent or Guardian	Name: (Pleas	e Print)			Grades 1- □ 1st Sen		□ 2nd Semester Onl	y Both Semesters
Theodore W. N Physical Address (s		only):				garten/Kinder nester Only	garten	y □ Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for o Students in Each Grade L Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 42 e to nearest bu HS 12 ene-way only	us stop, if any	(one way)	is contract. 9-12 Total	Kindergal by this co To or from To or from Kindergal To or from To or from Deadlin PARENTS CLERKS: files.	rten child ride ontract: I Bus Stop I School rten child ride I Bus Stop I School School Es: Send origina SUPERINTEN our files. RE (For dist	times per day,times per day,times per day,tes without other schotimes per day,times per day,tool Clerk June 1.	days per week da
insured driver will In March and June transported for the The payment shall This contract shall	ws: ansport or provide transport the stude , the District shall p past semester. I be computed on to	transportation for nts. Mileage confo pay the parent the the basis of the sc and of the school y	the student(s) tracts are valid of sum officially a hedule establishear or when the	o and from the school only when transportatic ipproved in the applicated in Section 20-10-1- student(s) is no longe	er referred to as	s when school is in orted on the contra by the teacher or p	session. The parent or guard ct actually occurs. rincipal of the school of the nu	lian assures that a licensed and mber of days the student(s) was
Elementary School		,	rd of Truste					Date
High School District Beaverhead County		Chair, Boa	rd of Truste	es 				Date
			I attes	t that the above i	nformation is true	e and correct.		
Signature - Parent or	Guardian					_	Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO E	Box 202501 na, MT 59620				School Year 2004- 2005 ue to School Clerk June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract		County	<u>'</u>	Legal Entity
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Con	tract	County		Legal Entity
Beaverhead Co	unty H S				Beaverhead		0006
Is this contract shar ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?			
Are you applying for (If yes, please attact	h explanation))	□ No		Student Name	School	Grade
ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	ation of resident ces must be resportation com-	ice. In order to viewed and a mittee, and th	o receive oproved by the	Student Name	School	Grade
Check here only if incr District Trustees and the	eased payment	due to isolation	n has been ap	pproved by the	Student Name	School	Grade
Elem District Approval	□ yes	Ini □ no	tials		Student Name	School	Grade
HS District Approval County Approval		□ no □ no			THIS CONTRACT IS F	OR:	
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 □ 1st Semester Only	□ 2nd Semester On	ly Both Semesters
Tom G. Goody					Pre-kindergarten/Kinde		
Physical Address (s	street address	only):			☐ 1st Semester Only	□ 2nd Semester On	ly Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0	HS 36 e to nearest bu HS 12	·			by this contract: To or from Bus Stop To or from School Kindergarten child ric	times per day, times per day, des without other scho	days per week days per week days per week col-age students: days per week days per week days per week
☐ Contract is for o Students in Each Grade L	, ,	the students to h	e covered by th	is contract	Deadlines:		
Cladellio III Edoli Clade E	Pre-K	K	1-8	9-12	PARENTS: Due to So	hool Clerk June 1.	
	Total	Total	Total	Total	CLERKS: Send origin files.	al to County Supt by Ju	ly 1, retain a copy for your
Regular Trans						ENDENTS: Send origina	al to OPI by July 10, retain a
Spec. Ed. Trans					copy for your files.	NEW ADJUDACE ACTUAL D	A.T.C.
Room & Board Correspondence						REIMBURSEMENT R strict, county and OPI	
Reg.					_		
Contingency					Reim	bursement rate is detern 20-10-142, MCA.	mined by
Spec. Ed. Contin.							
Agreement between	n parent (pare	nt name)			, and school district (dis	strict name)	,
(county name)				County, hereinat	fter referred to as the District(s	s).	
	ansport or provide				l or bus stop on the days when school is		dian assures that a licensed and
	, the District shall p				ion for the distance reported on the conti ation upon certification by the teacher or		umber of days the student(s) was
The payment shall	be computed on the	ne basis of the so nd of the school y	hedule establislear or when the	ned in Section 20-10- student(s) is no long	142, MCA, and the information accompa er enrolled in school, whichever occurs f	nying this contract. irst.	
Elementary School	District	Chair, Boa	ard of Truste	es			Date
High School District Beaverhead County		Chair, Boa	ard of Truste	es			Date
			I attes	t that the above	information is true and correct		
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	ia, MT 59620)-2501		Du	ue to Schoo	l Clerk June 1		
Elementary District Res	sponsible for Re	eimbursing the	Contract			County	1	Legal Entity
Wise River Elem	1					Beaverhead		0007
High School or K-12 Di	strict Responsit	ole for Reimbu	rsing the Cont	ract		County		Legal Entity
Is this contract share ☐ yes ☐ no	ed between el	ementary ar	nd high schoo	ol?				•
Are you applying for			□ No		Stude	ent Name	School	Grade
(If yes, please attach ISOLATION: Section 2	n explanation) 20-10-142, MCA) A, provides for	increased rein	nbursement		nic riamo	2011001	- Clado
rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.7	stances of isola ual circumstand the county trans	ation of resider ces must be re sportation com	nce. In order to eviewed and ap amittee, and the	o receive oproved by the	Stude	ent Name	School	Grade
Check here only if incre District Trustees and th	ased payment	due to isolatio	n has been ap	proved by the	Stude	ent Name	School	Grade
Elem District Approval	□ yes	In □ no	itials		Stude	ent Name	School	Grade
HS District Approval County Approval		□ no □ no				CONTRACT IS FO	DR:	
Parent or Guardian	Name: (Pleas	e Print)				es 1-12 t Semester Only	☐ 2nd Semester Only	y □ Both Semesters
Elena Ventres					Pro_k	indergarten/Kinder	rarten	
Physical Address (st	reet address	only):						y Both Semesters
					KIND	ERGARTEN/PRE	(INDERGARTEN:	
Distance from home Elementary 6.1	to nearest so HS 0	chool (one wa	ay)		by th	is contract:		ge students also covered days per week days per week
Distance from home Elementary 0	to nearest bu HS 0	us stop, if an	y (one way)		Kind To or	ergarten child ride from Bus Stop	es <u>without</u> other scho times per day, _	ol-age students: days per week days per week days per week
□ Contract is for or	ne-way only				10 01	IIOIII SCIIOOI	times per day, _	days per week
Students in Each Grade Le	vel - Only include	the students to I	be covered by thi	is contract.		dlines: ENTS: Due to Sch	nol Clerk June 1	
	Pre-K Total	K Total	1-8 Total	9-12 Total				y 1, retain a copy for your
Regular Trans								
Spec. Ed. Trans						NTY SUPERINTEN for your files.	IDENTS: Send origina	I to OPI by July 10, retain a
Room & Board						RE	IMBURSEMENT RA	ATE
Correspondence							rict, county and OPI	
Reg.								
Contingency						Reimb	ursement rate is detern 20-10-142, MCA.	nined by
Spec. Ed. Contin.							20-10-142, WCA.	
	<u> </u>	-						
Agreement between	parent (parei	nt name)			, and	school district (distr	rict name)	,
(county name)			(County hereinat	fter referred t	o as the District(s).		
The parties agree as follow		transportation fo		•		` '	session. The parent or quard	ian assures that a licensed and
insured driver will tr	ansport the stude	nts. Mileage cor	ntracts are valid o	only when transportati	ion for the distan	ce reported on the contract	ct actually occurs.	mber of days the student(s) was
transported for the payment shall	oast semester. be computed on the	ne basis of the so	chedule establish	ned in Section 20-10-1	142, MCA, and th	e information accompany	ring this contract.	. ,
4. This contract shall t Elementary School I			year or when the ard of Truste		er enrolled in sch	ool, whichever occurs firs	t.	Date
Wise River Elem High School District		Chair Bos	ard of Truste	es				Date
- Ingri Octioor District		Oriali, Dua	ara or riusie					Date
			l attes	t that the above	information i	s true and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	na, MT 59620)-2501		Du	e to School Clerk	June 1		
Elementary District Res	sponsible for Re	eimbursing the	Contract		County		1	Legal Entity
Wise River Elen	า				Beav	erhead		0007
High School or K-12 Di	strict Responsit	ole for Reimbu	rsing the Cont	ract	County			Legal Entity
Is this contract share ☐ yes ☐ no	ed between el	ementary ar	nd high schoo	ol?				
Are you applying for			□ No		Student Nar	ne	School	Grade
(If yes, please attack ISOLATION: Section 3	n explanation) 20-10-142, MCA) A, provides for	increased rein	nbursement	Olddon Hai		2011001	Olddo
rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.7)	stances of isola lual circumstand the county trans	ation of resider ces must be re sportation com	nce. In order to eviewed and ap amittee, and the	o receive oproved by the	Student Nar	ne	School	Grade
Check here only if incre	eased payment	due to isolatio	n has been ap	proved by the	Student Nar	ne	School	Grade
District Trustees and the Elem District Approval	□ yes	In □ no	itials		Student Nar	ne	School	Grade
HS District Approval County Approval		□ no □ no			THIS CONT		DR:	
Parent or Guardian		e Print)			Grades 1-12 ☐ 1st Seme		☐ 2nd Semester Only	v □ Both Semesters
Joan M. Trejo						,	•	y Bour componer
Physical Address (s	treet address	only):			Pre-kinderga □ 1st Seme			y Both Semesters
					KINDERGA	RTFN/PRFI	(INDERGARTEN:	
Distance from home Elementary 4	to nearest so HS 0	chool (one w	ay)		Kindergarte by this con	en child ride tract:	es <u>with</u> other school-a	days per week days per week days per week
Distance from home Elementary 0	to nearest bu HS 0	us stop, if an	y (one way)		Kindergarte To or from E	en child ride Bus Stop	es <u>without</u> other scho times per day, _	ol-age students: days per week
☐ Contract is for or	ne-way only				10 01 110111 3	C11001	times per day, _	days per week
Students in Each Grade Le	evel - Only include	the students to I	be covered by thi	s contract.	Deadline		ool Clerk June 1.	
	Pre-K Total	K Total	1-8 Total	9-12 Total				y 1, retain a copy for your
Regular Trans								
Spec. Ed. Trans					copy for you		IDENTS: Send origina	Il to OPI by July 10, retain a
Room & Board					Γ	RE	IMBURSEMENT RA	ATE
Correspondence						(For dist	rict, county and OPI	use only)
Reg.						_		
Contingency						Reimb	ursement rate is detern 20-10-142, MCA.	nined by
Spec. Ed. Contin.					L			
Agreement between	parent (pare	nt name)			, and school	district (dist	rict name)	
(county name)			(County, hereinaf	ter referred to as th	e District(s).		
	nsport or provide							ian assures that a licensed and
In March and June,	the District shall p				on for the distance reportention upon certification by			mber of days the student(s) was
transported for the 3. The payment shall	be computed on the	ne basis of the so	chedule establish	ned in Section 20-10-1	42, MCA, and the informa	ation accompany	ing this contract.	
Elementary School I			year or when the ard of Truste		er enrolled in school, which	never occurs firs	ī.	Date
Wise River Elem High School District		Chair. Box	ard of Truste	es				Date
	_	-	I attes	t that the above	information is true a	and correct.		
Signature - Parent or	Guardian					-	Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	na, MT 59620	-2501		Du	ue to School C	Clerk June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract		Co	unty	Legal Entity	
Wise River Elen	n				В	eaverhead	0007	
High School or K-12 D		ole for Reimbu	irsing the Cont	ract		unty	Legal Entity	
Is this contract share ☐ yes ☐ no	ed between el	ementary ar	nd high school	ol?				
Are you applying for			□ No		Student	Name School	Grade	
(If yes, please attac ISOLATION: Section	h explanation) 20-10-142, MCA	A, provides for	increased rein	mbursement			3.443	
rates for special circum increased rates, individ					Student	Name School	Grade	
trustees of the district, Public Instruction. (10.				e Office of				
Check here only if incre	eased payment	due to isolatio	n has been an	proved by the	Student	Name School	Grade	
District Trustees and th		portation Con		, ,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Elem District Approval HS District Approval		□ no □ no			Student	Name School	Grade	
County Approval	□ yes	□ no			THIS CO Grades	ONTRACT IS FOR:		
Parent or Guardian	Name: (Pleas	e Print)				emester Only 2nd Semester	Only Both Semesters	
Jodi Kidd					Pre-kind	lergarten/Kindergarten		
Physical Address (s	treet address	only):			□ 1st S	emester Only	Only Both Semesters	
						RGARTEN/PREKINDERGARTEN:		
Distance from home		hool (one w	ay)		by this	garten child rides <u>with</u> other scho contract:	_	
Elementary 3.2	HS 0				To or fro	om Bus Stop times per da om School times per da	ay, days per week	
Distance from home Elementary 0	to nearest bu HS 0	ıs stop, if an	y (one way)		Kinderg	garten child rides <u>without</u> other s om Bus Stop times per da om School times per da	chool-age students:	
□ Contract is for o	ne-way only				To or fro	om School times per da	ay, days per week	
Students in Each Grade Le	evel - Only include	the students to	be covered by thi	is contract.	Deadli	ines: TS: Due to School Clerk June 1.		
	Pre-K	_K	1-8	9-12				
	Total	Total	Total	Total	CLERK	S: Send original to County Supt by	July 1, retain a copy for your	
Regular Trans					COUNT	Y SUPERINTENDENTS: Send ori	ginal to OPI by July 10, retain a	
Spec. Ed. Trans						your files.	ginar to Or 1 by duly 10, retain a	
Room & Board						REIMBURSEMENT	Γ RATE	
Correspondence						(For district, county and 0	OPI use only)	
Reg.								
Contingency						Reimbursement rate is de 20-10-142, MC/		
Spec. Ed. Contin.						,		
Agreement betweer	n parent (parei	nt name)			, and scl	nool district (district name)	,	
(county name)			(County, hereinat	fter referred to a	as the District(s).		
	ansport or provide t					lays when school is in session. The parent or g	guardian assures that a licensed and	
	, the District shall p					eported on the contract actually occurs. on by the teacher or principal of the school of the	ne number of days the student(s) was	
The payment shall	be computed on th					formation accompanying this contract. whichever occurs first.		
Elementary School Wise River Elem			ard of Truste				Date	
High School District		Chair, Board of Trustees Date						
			Latter	t that the above	information is to	rue and correct		
Signature - Parent or	Guardian		ı alles	t triat trie above	miorinauon is ti	Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

County Legal Entity
Is this contract shared between elementary and high school? set his contract shared between elementary and high school? set his contract shared between elementary and high school? set on a polylying for isolation status? Yes No set you applying for isolation status? Yes No student Name School Grade Student Name School Grad
Is this contract shared between elementary and high school? yes no
Are you applying for isolation status? Yes No (If yes, please attach explanation) Student Name School Grade (If yes, please attach explanation) Student Name School Grade (If yes, please attach explanation) Student Name School Grade (If yes, please attach explanation) Student Name School Grade (If yes, please attach explanation) Student Name School Grade (If yes, please attach explanation) Student Name School Grade (If yes, please attach explanation) Student Name School Grade (If yes, please attach explanation) Student Name School Grade (If yes, please attach explanation) Student Name School Grade (If yes, please attach explanation) Student Name School Grade (If yes, please attach explanation) Student Name School Grade (If yes, please attach explanation) Student Name School Grade (If yes, please attach explanation) Student Name School Grade (If yes, please attach explanation) Student Name School Grade (If yes, please attach explanation) Student Name School Grade (If yes, please attach explanation) Student Name School Grade (If yes, please attach explanation) Student Name School Grade (If yes, please attach explanation) Student Name School Grade (If yes, please attach explanation) Student Name School Grade (If yes, please attach explanation) Student Name School Grade (If yes, please attach explanation) Student Name School Grade (If yes, please attach explanation) Student Name School Grade (If yes, please attach explanation) Student Name School Grade (If yes, please attach explanation) Student Name School Grade (If yes, please attach explanation) Student Name School Grade (If yes, please attach explanation) Student Name School Grade (If yes, please attach explanation) Student Name School Grade (If yes, please attach explanation) Student Name School Grade (If yes, please attach explanation) Student Name School Grade (If yes, please attach explanation) Student Name S
Are you applying for isolation status? Yes No (If yes, please attach explanation) Student Name School Grade (If yes, please attach explanation) Student Name School Grade (If yes, please attach explanation) Student Name School Grade (If yes, please attach explanation) Student Name School Grade (If yes, please attach explanation) Student Name School Grade (If yes, please attach explanation) Student Name School Grade (If yes, please attach explanation) Student Name School Grade (If yes, please attach explanation) Student Name School Grade (If yes, please attach explanation) Student Name School Grade (If yes, please attach explanation) Student Name School Grade (If yes, please attach explanation) Student Name School Grade (If yes, please attach explanation) Student Name School Grade (If yes, please attach explanation) Student Name School Grade (If yes, please attach explanation) Student Name School Grade (If yes, please attach explanation) Student Name School Grade (If yes, please attach explanation) Student Name School Grade (If yes, please attach explanation) Student Name School Grade (If yes, please attach explanation) Student Name School Grade (If yes, please attach explanation) Student Name School Grade (If yes, please attach explanation) Student Name School Grade (If yes, please attach explanation) Student Name School Grade (If yes, please attach explanation) Student Name School Grade (If yes, please attach explanation) Student Name School Grade (If yes, please attach explanation) Student Name School Grade (If yes, please attach explanation) Student Name School Grade (If yes, please attach explanation) Student Name School Grade (If yes, please attach explanation) Student Name School Grade (If yes, please attach explanation) Student Name School Grade (If yes, please attach explanation) Student Name School Grade (If yes, please attach explanation) Student Name S
(If yes, please attach explanation) SOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.) Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.
SoLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.) Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee. Initials Elem District Approval
Student Name School Grade Student Name School Student Nam
Public Instruction. (10.7.116 ARM provides guidelines for such.) Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee. Initials Elem District Approval
Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee. Initials
Elem District Approval
THIS CONTRACT IS FOR: Grades 1-12 I st Semester Only I semes
Parent or Guardian Name: (Please Print) Kari A. Lamey Physical Address (street address only): Grades 1-12 1st Semester Only Pre-kindergarten/Kindergarten 1st Semester Only 2nd Semester Only Both Semesters KINDERGARTEN/PREKINDERGARTEN:
Kari A. Lamey Physical Address (street address only): Pre-kindergarten/Kindergarten 1st Semester Only 2nd Semester Only Both Semesters KINDERGARTEN/PREKINDERGARTEN:
Physical Address (street address only): 1st Semester Only
V:
Distance from home to nearest school (one way) Kindergarten child rides with other school-age students also covered by this contract:
Elementary 3.2 HS 0 To or from Bus Stop times per day, days per week
To or from Schooltimes per day,days per week Kindergarten child rides without other school-age students: To or from Bus Stoptimes per day,days per week To or from Schooltimes per day,days per week To or from Schooltimes per day,days per week
□ Contract is for one-way only To or from School times per day, days per week
Students in Each Grade Level - Only include the students to be covered by this contract. Deadlines: PARENTS: Due to School Clerk June 1.
Pre-K K 1-8 9-12 Total Total Total CLERKS: Send original to County Supt by July 1, retain a copy for your
Regular Trans
COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.
Room & Board REIMBURSEMENT RATE
Correspondence (For district, county and OPI use only)
Reg
Reimbursement rate is determined by 20-10-142, MCA.
Spec. Ed. Contin.
Agreement between parent (parent name), and school district (district name),
(county name) County, hereinafter referred to as the District(s).
The parties agree as follows: 1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
 The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.
Elementary School District Chair, Board of Trustees Date Wise River Elem
High School District Chair, Board of Trustees Date
I attest that the above information is true and correct.
Signature - Parent or Guardian Date

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	a, MT 59620	-2501		Du	e to School Clerk	June 1			
Elementary District Res	ponsible for Re	eimbursing the	Contract		County		1	Legal Entity	
Wise River Elem					Beave	erhead		0007	
High School or K-12 Dis	trict Responsit	ole for Reimbu	rsing the Cont	ract	County	,,,, <u>o</u>		Legal Entity	
Is this contract share ☐ yes ☐ no	d between el	ementary ar	nd high school	ol?	<u> </u>				
Are you applying for			□ No		Student Nam		School	Grade	-
(If yes, please attach ISOLATION: Section 2	explanation) 0-10-142. MCA	A. provides for	increased reir	nbursement	Stadent Ham		0011001	Orduc	
rates for special circums increased rates, individu trustees of the district, the Public Instruction. (10.7	stances of isola al circumstand ne county trans	ation of resider ces must be re sportation com	nce. In order to eviewed and ap imittee, and the	o receive oproved by the	Student Nam	e	School	Grade	:
Check here only if incre	ased payment	due to isolatio	n has been ap	proved by the	Student Nam	е	School	Grade	j
District Trustees and the Elem District Approval	-		nmittee. itials		Student Nam	e	School	Grade	
HS District Approval	□ yes	□ no			THIS CONTE	RACT IS FOR:			
Parent or Guardian N					Grades 1-12				
	`	,			☐ 1st Semes	ster Only 2	d Semester Only	☐ Both Semesters	
Karla Stradtman Physical Address (str	reet address	only):				rten/Kindergarten ster Only □ 2r	d Semester Only	□ Both Semesters	
					KINDERGAE	RTEN/PREKINDE	RGARTEN:		
Distance from home Elementary 8	to nearest so	chool (one w	ay)		Kindergarte by this cont	n child rides <u>with</u> ract:	other school-ag	ge students also covere days per week days per week	
Distance from home Elementary 0	to nearest bu HS 0	ıs stop, if an	y (one way)		Kindergarte To or from B	n child rides <u>with</u> us Stop	nout other schoo times per day,	I-age students: days per week	
□ Contract is for on	e-way only				To or from So	chool	times per day,	days per week	
Students in Each Grade Lev	el - Only include	the students to I	be covered by thi	s contract.	Deadlines	S <u>:</u> Dun ta Cabaal Cla	ا مسيدا باس		
	Pre-K	K	1-8	9-12	PARENTS:	Due to School Cle	erk June 1.		
	Total	Total	Total	Total	CLERKS: S files.	end original to Co	unty Supt by July	1, retain a copy for your	
Regular Trans						IDEDINTENDENT	'C. Conderiainal	to ODI by July 10 rotain	_
Spec. Ed. Trans					copy for your		5: Send original	to OPI by July 10, retain	а
Room & Board						REIMBL	IRSEMENT RA	TE	
Correspondence						(For district, c	ounty and OPI u	ise only)	
Reg.									
Contingency							ent rate is determi 10-142, MCA.	ned by	
Spec. Ed. Contin.						20-	10-142, MCA.		
Agreement between	parent (parei	nt name)			and school	district (district na	ne)		_,
(county name)				County hereinaf	ter referred to as the	Dietrict(e)			
The parties agree as follows		transportation for		•		` ,	The parent or quardia	n assures that a licensed and	
insured driver will tra	insport the stude	nts. Mileage cor	ntracts are valid o	only when transportati	on for the distance reported	d on the contract actual	y occurs.	ber of days the student(s) was	
transported for the p	ast semester.		•		42, MCA, and the informat			ber of days the student(s) was	
 This contract shall to 	erminate at the er	nd of the school	year or when the	student(s) is no longe	er enrolled in school, which	ever occurs first.	33./Huot.	Data	
Elementary School D Wise River Elem	/iotilict	,	ard of Truste					Date	
High School District		Chair, Boa	ard of Truste	es				Date	
			I attes	t that the above	information is true a	nd correct.			_
Signature - Parent or 0	Guardian					Date			_

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

Elementary Diseast Responsible for Reimbursing the Contract Wise River Elem Its Price Strote Responsible for Reimbursing the Contract Use Beaverhead Dounty Legal Entry Beaverhead Dounty Legal Entry Entry Student Name School Grade Student Name School Student Name School Student Name School Student	Helena, M	IT 59620-2501		Due to	School Clerk June 1		
Is this contract shared between elementary and high school? yes no Are you applying for isolation status? Yes No (If yes, please attach explanation) SIBOLATION: Scrioz 30-16142, MCA, provides for increased reinfluxement increased price in the provided increased reinfluxement increased price in the Contract of the Contract of the Contract in the Contract of the Contract in the Contract	Elementary District Respons	sible for Reimbursing th	ne Contract		County		Legal Entity
Is this contract shared between elementary and high school? yes no Are you applying for isolation status? Yes No (If yes, please attach explanation) SIBOLATION: Scrioz 30-16142, MCA, provides for increased reinfluxement increased price in the provided increased reinfluxement increased price in the Contract of the Contract of the Contract in the Contract of the Contract in the Contract	Wise River Flem				Reaverhead		0007
Agreement between parent (parent name) Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Room & Board Correspondence Reg. Room & Board Correspondence Reg. Correspondence Re		Responsible for Reimb	oursing the Contract	ot			
Agreement between parent (parent name) Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Room & Board Correspondence Reg. Room & Board Correspondence Reg. Correspondence Re							
Solution		etween elementary a	and high school?)			
Student Name	Are you applying for isola	ation status? Yes	□ No		Student Name	School	Grade
Intension for special corunstances of leadston of residence. In order to receive intronseed rates, ordividual circumstances must be reviewed and approved by the process of the district, she country transportation committee, and the College of Public Intension (IC)-7.18 ARI public Institution. (Institution Institution Institution Institution. (Institution Institution Institution. (Institution Institution). (Institution Institution Institution. (Institution Institution). (Institution Institution. (Institution). (Institution)	(If yes, please attach exp	olanation) -142. MCA. provides fo	or increased reimb	ursement	Olddent Hame	CCHOOL	Grade
Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee. Elem District Approval yes no no no no no no no n	rates for special circumstance increased rates, individual citrustees of the district, the co	ces of isolation of resid ircumstances must be ounty transportation co	ence. In order to r reviewed and appr mmittee, and the 0	eceive oved by the	Student Name	School	Grade
Elem District Approval yes	Check here only if increased	l payment due to isolat	ion has been appr	oved by the	Student Name	School	Grade
Parent or Guardian Name: (Please Print)	Elem District Approval	yes □ no					Grade
Penny L. Ruth Physical Address (street address only): Standard Research	County Approval	yes 🗆 no 🔃				<u>)R:</u>	
Distance from home to nearest school (one way) Statement of the statem	Parent or Guardian Nam	e: (Please Print)				□ 2nd Semester Only	□ Both Semesters
Distance from home to nearest school (one way) Elementary 8	Penny L. Ruth Physical Address (street	address only):					□ Both Semesters
(county name)	Distance from home to n Elementary 8 Distance from home to n Elementary 0 Contract is for one-w. Students in Each Grade Level - C Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency	earest school (one vids 0 earest bus stop, if a 6 0 ay only Only include the students to	ny (one way) b be covered by this c	9-12	KINDERGARTEN/PREI Kindergarten child ride by this contract: To or from Bus Stop To or from School Deadlines: PARENTS: Due to Sch CLERKS: Send original files. COUNTY SUPERINTEN copy for your files.	times per day, es without other school times per day, sool Clerk June 1. I to County Supt by July NDENTS: Send original EIMBURSEMENT RA trict, county and OPI unusement rate is determ	days per week
High School District Chair, Board of Trustees Date I attest that the above information is true and correct.	(county name) The parties agree as follows: 1. The parent shall transport insured driver will transport transported for the past so transported for the past so the payment shall be cored. This contract shall termin Elementary School Distri	t or provide transportation rt the students. Mileage c istrict shall pay the parent emester. mputed on the basis of the ate at the end of the school	for the student(s) to a ontracts are valid only the sum officially appropriate schedule established of year or when the student of the studen	nunty, hereinafter re nd from the school or bus when transportation for to roved in the application up in Section 20-10-142, Modent(s) is no longer enrol	eferred to as the District(s). stop on the days when school is in the distance reported on the contration certification by the teacher or potal. CA, and the information accompany	n session. The parent or guardia ct actually occurs. rincipal of the school of the num ying this contract.	an assures that a licensed and nber of days the student(s) was
		Chair, B	oard of Trustees				Date
			I attest ti	nat the above inform	nation is true and correct.		
	Signature - Parent or Guar	dian				Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	ox 202501 na, MT 59620	-2501				ol Clerk June 1		
Elementary District Res	sponsible for Re	imbursing the	Contract			County	<u> </u>	Legal Entity
Wise River Elem						Beaverhead		0007
High School or K-12 Di	strict Responsib	le for Reimbu	rsing the Cont	ract		County		Legal Entity
Is this contract share	ed between el	ementary an	d high schoo	ol?				
□ yes□ noAre you applying for	icolation etati	ıe2 □ Vee	□ No					
(If yes, please attack ISOLATION: Section 2	n explanation) 20-10-142, MCA	, provides for	increased reir		Stud	dent Name	School	Grade
rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.7)	lual circumstanc the county trans	es must be re portation com	viewed and apmittee, and the	proved by the	Stud	dent Name	School	Grade
Check here only if incre District Trustees and th		portation Com	mittee.	proved by the	Stud	dent Name	School	Grade
Elem District Approval HS District Approval		no	tials		Stud	dent Name	School	Grade
County Approval	□ yes □	no				S CONTRACT IS FO	DR:	
Parent or Guardian	Name: (Please	e Print)				des 1-12 st Semester Only	□ 2nd Semester On	ly Both Semesters
Shawna Page Physical Address (s	treet address	only).				kindergarten/Kinderg	garten	ly □ Both Semesters
(,,.				DERGARTEN/PREM		ly Dour Semesters
Distance from home Elementary 5.8 Distance from home	HS 0				Kind by to To do To d	dergarten child ride his contract: or from Bus Stop or from School	times per day,	days per week days per week
Elementary 0	HS 0		, , , , ,		Tod	or from Bus Stop	times per day,	days per week
☐ Contract is for or	ne-way only							aaye per neek
Students in Each Grade Le	evel - Only include	the students to b	e covered by thi	s contract.	<u>De</u> PAF	adlines: RENTS: Due to Scho	ool Clerk June 1.	
	Pre-K Total	K Total	1-8 Total	9-12 Total		ERKS: Send original		ly 1, retain a copy for your
Regular Trans							IDFNTS: Send origin	al to OPI by July 10, retain a
Spec. Ed. Trans						y for your files.		
Room & Board							IMBURSEMENT R	
Correspondence						(,,	
Reg. Contingency						Reimbu	ursement rate is deter 20-10-142, MCA.	mined by
Spec. Ed. Contin.								
Agreement between	parent (parer	it name)			, and	d school district (distr	rict name)	······································
(county name) The parties agree as follow	/S:		(County, hereinaf	ter referred	to as the District(s).		
 The parent shall tra 	nsport or provide t					the days when school is in nce reported on the contract		dian assures that a licensed and
	the District shall p							umber of days the student(s) was
 The payment shall 	be computed on th					the information accompany chool, whichever occurs firs		
Elementary School I Wise River Elem			ard of Truste					Date
High School District		Chair, Boa	rd of Truste	es				Date
		<u> </u>	I attes	t that the above i	information	is true and correct.		<u> </u>
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	na, MT 59620	-2501		Du	e to School Cle	rk June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract		Count	ty	Legal Entity	
Wise River Elen	n				Bea	verhead	0007	
High School or K-12 D		ole for Reimbu	ırsing the Con	tract	Count		Legal Entity	
Is this contract share ☐ yes ☐ no	ed between el	ementary ar	nd high scho	ol?				
Are you applying for			□ No		Student Na	ame School	Grade	
(If yes, please attac ISOLATION: Section	h explanation) 20-10-142, MCA	A, provides for	increased rei	mbursement			3.443	
rates for special circum increased rates, individ					Student Na	ame School	Grade	
trustees of the district, Public Instruction. (10.				e Office of				
Check here only if incre	•	, ,	ŕ	proved by the	Student Na	ame School	Grade	
District Trustees and th		sportation Con		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Elem District Approval HS District Approval		□ no □ no			Student Na	ame School	Grade	
County Approval	□ yes	□ no			THIS CON Grades 1-1	TRACT IS FOR:		
Parent or Guardian	Name: (Pleas	e Print)				nester Only	Only Both Semesters	
Skip Mathewsor					Pre-kinder	garten/Kindergarten		
Physical Address (s	treet address	only):			□ 1st Sem	nester Only 2nd Semester	Only Both Semesters	
						ARTEN/PREKINDERGARTEN:		
Distance from home		hool (one w	ay)		by this co	ten child rides <u>with</u> other scho ntract:	_	
Elementary 3.5	HS 0				To or from	Bus Stop times per da School times per da	ay, days per week	
Distance from home Elementary 0	to nearest bu HS 0	ıs stop, if an	y (one way)		Kindergar	ten child rides without other s Bus Stop times per da School times per da	chool-age students:	
□ Contract is for o	ne-way only				To or from	School times per da	ay, days per week	
Students in Each Grade Le	evel - Only include	the students to	be covered by th	is contract.	Deadline	es: Due to School Clerk June 1.		
	Pre-K	_K	1-8	9-12				
	Total	Total	Total	Total	CLERKS: files.	Send original to County Supt by	July 1, retain a copy for your	
Regular Trans					COUNTY	SUPERINTENDENTS: Send ori	ainal to OPI by July 10, retain a	
Spec. Ed. Trans					copy for yo		ginal to Of 1 by July 10, Tetain a	
Room & Board						REIMBURSEMENT	Γ RATE	
Correspondence						(For district, county and 0	OPI use only)	
Reg.								
Contingency						Reimbursement rate is de 20-10-142, MC		
Spec. Ed. Contin.						20 10 142, MO	7 (.	
Agreement betweer	n parent (pare	nt name)			, and school	ol district (district name)	,	
(county name)				County, hereinaf	ter referred to as t	the District(s).		
The parties agree as follow 1. The parent shall tra	ansport or provide		r the student(s) t	o and from the school	or bus stop on the days	when school is in session. The parent or	guardian assures that a licensed and	
In March and June.	, the District shall p					rted on the contract actually occurs. by the teacher or principal of the school of th	ne number of days the student(s) was	
	be computed on the				142, MCA, and the inforrer enrolled in school, wh	mation accompanying this contract.		
Elementary School			ard of Truste		or critolica ili School, Wil	ionever occurs ilist.	Date	
Wise River Elem High School District		Chair, Board of Trustees Date						
01	0 "		I attes	t that the above	information is true			
Signature - Parent or	Guardian					Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	, MT 59620	-2501		Du	e to Scho	ol Clerk June 1		
Elementary District Resp	onsible for Re	imbursing the	Contract			County		Legal Entity
Wise River Elem						Beaverhead		0007
High School or K-12 Dist	rict Responsib	ole for Reimbu	rsing the Cont	ract		County		Legal Entity
Is this contract shared □ yes □ no	l between ele	ementary ar	nd high school	ol?				
Are you applying for is	solation statu	us? □ Yes	□ No		Stuc	dent Name	School	Grade
(If yes, please attach (ISOLATION: Section 20	explanation)	nrovides for	increased rein	nbursement	Stuc	dent ivanie	School	Grade
rates for special circumst increased rates, individual trustees of the district, the Public Instruction. (10.7.)	ances of isola al circumstanc e county trans	tion of resider es must be re portation com	nce. In order to viewed and ap mittee, and the	o receive proved by the	Stud	dent Name	School	Grade
Check here only if increa	sed payment o	due to isolatio	n has been ap	proved by the	Stud	dent Name	School	Grade
Elem District Approval	□ yes □		itials		Stud	dent Name	School	Grade
County Approval	□ yes □	no				S CONTRACT IS FO des 1-12	DR:	
Parent or Guardian N	ame: (Please	e Print)				st Semester Only	□ 2nd Semester Only	y Both Semesters
Veva Larson Physical Address (stre	eet address	only):				kindergarten/Kinder st Semester Only		y Both Semesters
						DERGARTEN/PREM		ge students also covered
Distance from home to Elementary 5	o nearest scl HS 0	hool (one w	ay)		by t To c	his contract: or from Bus Stop	times per day,	days per week
Distance from home to Elementary 0	o nearest bu HS 0	is stop, if an	y (one way)		Kind	dergarten child ride	es without other scho	days per week ol-age students: days per week days per week days per week
□ Contract is for one	-way only				Тос	or from School	times per day, _	days per week
Students in Each Grade Leve	el - Only include t	the students to I	be covered by this	s contract.	Dea	adlines:	101.1.1	
	Pre-K Total	K Total	1-8 Total	9-12 Total		RENTS: Due to Sch		y 1, retain a copy for your
Regular Trans					files			
Spec. Ed. Trans						JNTY SUPERINTEN	IDENTS: Send origina	I to OPI by July 10, retain a
Room & Board							EIMBURSEMENT RA	··-
Correspondence						(i oi dist	nct, county and Or i	use offiy)
Reg. Contingency						Reimb	ursement rate is detern	nined by
Spec. Ed. Contin.							20-10-142, MCA.	
	l							
Agreement between p	arent (parer	nt name)			, and	d school district (distr	rict name)	,
(county name)			(County hereinaf	ter referred	to as the District(s).		
The parties agree as follows:		ransportation fo		•				ian assures that a licensed and
In March and June, th	e District shall p					nce reported on the contractification by the teacher or p		mber of days the student(s) was
	computed on th					the information accompany		
4. This contract shall ter Elementary School Di			year or when the ard of Truste		er enrolled in so	chool, whichever occurs firs	t.	Date
Wise River Elem High School District		,	ard of Trustee					
riigii School District		Chall, BO	aiu oi iiuste					Date
			I attest	that the above i	information	is true and correct.		
Signature - Parent or G	uardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	Box 202501 na, MT 59620	0-2501			e to School Clerk June 1		
Elementary District Re	sponsible for R	eimbursing the	Contract		County		Legal Entity
High School or K-12 D	istrict Responsi	ble for Reimbu	rsing the Con	tract	County		Legal Entity
Lima K-12 Scho	ools				Beaverhead		0009
Is this contract shar	ed between e	lementary ar	nd high scho	ol?	<u> </u>		
☐ yes☐ noAre you applying for	r isolation stat	tus? □ Yes	□ No		Student Name	School	Grade
(If yes, please attac ISOLATION: Section	h explanation 20-10-142, MC) A, provides for	increased reir	mbursement	Student Name	School	Grade
rates for special circun increased rates, individe trustees of the district, Public Instruction. (10.	dual circumstan the county tran	ces must be re sportation com	viewed and apmittee, and th	oproved by the	Student Name	School	Grade
Check here only if incr District Trustees and the		sportation Con	nmittee.	proved by the	Student Name	School	Grade
Elem District Approval HS District Approval		□ no	itials		Student Name	School	Grade
County Approval	□ yes	□ no			THIS CONTRACT IS Grades 1-12	FOR:	
Parent or Guardian		se Print)			☐ 1st Semester Only	□ 2nd Semester Onl	y Both Semesters
Corinna Greens Physical Address (s		only):			Pre-kindergarten/Kind	ergarten □ 2nd Semester Onl	y □ Both Semesters
,		,			KINDERGARTEN/PR		y Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for o Students in Each Grade Le	HS 5.5 e to nearest be HS 0 ne-way only	us stop, if an	y (one way)	is contract.	by this contract: To or from Bus Stop_ To or from School Kindergarten child ri	times per day,times per day,des without other schotimes per day,times per day,	days per week days per week days per week col-age students: days per week days per week days per week days per week
	Total	Total	Total	Total	CLERKS: Send original files.	nal to County Supt by Jul	y 1, retain a copy for your
Regular Trans					COUNTY SUPERINT	ENDENTS: Send origina	al to OPI by July 10, retain a
Spec. Ed. Trans					copy for your files.	-	
Room & Board Correspondence					F	REIMBURSEMENT RA strict, county and OPI	
Reg. Contingency					Rein	nbursement rate is deterr	nined by
Spec. Ed. Contin.						20-10-142, MCA.	•
Agreement betweer	n parent (pare	nt name)		····	, and school district (di	strict name)	·
insured driver will t 2. In March and June transported for the 3. The payment shall	ansport or provide ransport the stude , the District shall past semester. be computed on t	ents. Mileage cor pay the parent th the basis of the so	r the student(s) to htracts are valid of e sum officially a	o and from the school only when transportation on the application of the application of the section 20-10-1	ter referred to as the District(or bus stop on the days when school is on for the distance reported on the con tion upon certification by the teacher of 42, MCA, and the information accomp or enrolled in school, whichever occurs	s in session. The parent or guard tract actually occurs. r principal of the school of the nu	
Elementary School		Chair, Boa	ard of Truste	es			Date
High School District Lima K-12 Schools		Chair, Boa	ard of Truste	es			Date
			l attes	t that the above	information is true and correc	t	•
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO B	ox 202501 na, MT 59620				School Year 2004- 2005 ue to School Clerk June 1		
Elementary District Res	sponsible for Re	eimbursing the	Contract		County	1	Legal Entity
High School or K-12 Di	strict Responsit	ole for Reimbu	rsing the Conf	tract	County		Legal Entity
Lima K-12 Scho	ols				Beaverhead		0009
Is this contract share □ yes □ no	ed between el	ementary an	d high scho	ol?			
Are you applying for (If yes, please attach	n explanation)	ı	□ No		Student Name	School	Grade
rates for special circum increased rates, individ trustees of the district,	stances of isola ual circumstand the county trans	tion of resident ces must be resportation com	ice. In order to viewed and appoint and the mittee, and the contraction in the contractio	o receive oproved by the	Student Name	School	Grade
Public Instruction. (10.7) Check here only if incre District Trustees and the	eased payment	due to isolation	n has been ap	proved by the	Student Name	School	Grade
Elem District Approval			tials		Student Name	School	Grade
HS District Approval County Approval	•	□ no □ no			THIS CONTRACT IS F	OR:	
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 □ 1st Semester Only	□ 2nd Semester Only	/ □ Both Semesters
David C. Ewing Physical Address (st	reet address	only):			Pre-kindergarten/Kinde		/ □ Both Semesters
					KINDERGARTEN/PRE		
Distance from home Elementary 0 Distance from home Elementary 0	HS 15	·			by this contract: To or from Bus Stop To or from School Kindergarten child rid To or from Bus Stop	times per day,times per day,times per day,es without other schooltimes per day,	days per week days per week days per week ol-age students: days per week
□ Contract is for or	ne-way only				To or from School	times per day, _	days per week
Students in Each Grade Le	vel - Only include	the students to b	e covered by th	is contract.	<u>Deadlines:</u> PARENTS: Due to Sch	nool Clerk June 1.	
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: Send origina files.	al to County Supt by July	/ 1, retain a copy for your
Regular Trans						NDENTS: Send origina	I to OPI by July 10, retain a
Spec. Ed. Trans					copy for your files.		
Room & Board						EIMBURSEMENT RA trict, county and OPI	
Correspondence Reg.							
Contingency Spec. Ed. Contin.					Reimb	oursement rate is determ 20-10-142, MCA.	nined by
Agreement between	parent (pare	nt name)			, and school district (dis	trict name)	,
insured driver will tr 2. In March and June, transported for the 3. The payment shall	nsport or provide to ansport the studed the District shall p past semester. be computed on the	nts. Mileage con pay the parent the ne basis of the so	the student(s) to tracts are valid of e sum officially a shedule establish	o and from the school only when transportati approved in the applicated in Section 20-10-	fter referred to as the District(s) or bus stop on the days when school is it ion for the distance reported on the contration upon certification by the teacher or partial time. MCA, and the information accompaner enrolled in school, whichever occurs fire	n session. The parent or guardact actually occurs. orincipal of the school of the nur ying this contract.	
Elementary School I	District	,	ard of Truste				Date
High School District Lima K-12 Schools		Chair, Boa	ard of Truste	es			Date
			I attes	t that the above	information is true and correct.		
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	3ox 202501 na, MT 59620)-2501				2004- 2005 Clerk June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract		1	County		Legal Entity
High School or K-12 D	iatriat Baananail	hla for Daimhur	ning the Con	root		County		Legal Entity
		bie ioi reimbui	sing the Com	iaci		•		0009
Lima K-12 Scho		lementary and	d high scho	nl?		Beaverhead		0009
□ yes □ no	ca between e	icinicinally and	a riigir sono	JI.				
Are you applying fo (If yes, please attact ISOLATION: Section	h explanation) 20-10-142, MCA) A, provides for i	□ No	mbursement	Stude	nt Name	School	Grade
rates for special circur increased rates, individe trustees of the district, Public Instruction. (10.	dual circumstand the county trans	ces must be rev sportation comr	viewed and apmittee, and th	proved by the		nt Name	School	Grade
Check here only if incr District Trustees and t		sportation Com	mittee.	proved by the	Stude	nt Name	School	Grade
Elem District Approval		□ no	ials 		Stude	nt Name	School	Grade
HS District Approval County Approval	•	□ no				CONTRACT IS FO	OR:	
Parent or Guardian	Name: (Pleas	e Print)				es 1-12 : Semester Only	□ 2nd Semester Only	y Both Semesters
Kristina M. Mart					Pre-ki	ndergarten/Kinder	garten	
Physical Address (s	treet address	only):			□ 1st	Semester Only	☐ 2nd Semester Only	y
Distance from home Elementary 0 Distance from home Elementary 0	HS 30 e to nearest bu HS .5	·			Kinde by thi To or To or Kinde To or	ergarten child ride is contract: from Bus Stop from School ergarten child ride from Bus Stop	times per day, times per day, _ es <u>without</u> other scho times per day, _	days per week days per week days per week ol-age students: days per week days per week days per week days per week
Contract is for oStudents in Each Grade L		the students to be	a covered by th	in contract		dlines:		· ·
Students in Each Grade L				T		NTS: Due to Sch	ool Clerk June 1.	
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLER files.	KS: Send origina	I to County Supt by July	y 1, retain a copy for your
Regular Trans Spec. Ed. Trans						NTY SUPERINTER	NDENTS: Send origina	l to OPI by July 10, retain a
Room & Board					336)		EIMBURSEMENT RA	ATE
Correspondence							trict, county and OPI	
Reg. Contingency						Reimb	ursement rate is detern 20-10-142, MCA.	nined by
Spec. Ed. Contin.							20-10-142, IVICA.	
Agreement between	n parent (pare	nt name)			, and s	school district (dist	rict name)	,
insured driver will t	ansport or provide ransport the stude , the District shall p	nts. Mileage cont	the student(s) to	o and from the school only when transportation	or bus stop on th on for the distanc	e reported on the contra	n session. The parent or guard ct actually occurs.	ian assures that a licensed and
The payment shall	be computed on the					e information accompan		
Elementary School			rd of Truste					Date
High School District Lima K-12 Schools	:	Chair, Boa	rd of Truste	es				Date
			I attes	t that the above	information is	s true and correct.		
Signature - Parent or	Guardian	·					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	Box 202501 na, MT 59620)-2501				2004- 2005 Clerk June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract			County	<u> </u>	Legal Entity
High School or K-12 D	istrict Responsi	ole for Reimbu	rsing the Cont	tract		County		Legal Entity
Lima K-12 Scho	ools					Beaverhead		0009
Is this contract shar ☐ yes ☐ no		ementary an	d high scho	ol?	<u> </u>			
Are you applying fo	r isolation stat	us? □ Yes	□ No		Stude	nt Name	School	Grade
(If yes, please attaction: Section	h explanation	A, provides for	increased reir	mbursement	Stude	iit ivaiiie	Scriooi	Grade
rates for special circur increased rates, individent trustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	ation of resident ces must be resportation com	ice. In order to viewed and appoint and the mittee, and the contraction in the contractio	o receive oproved by the	Stude	nt Name	School	Grade
Check here only if incr District Trustees and t	eased payment	due to isolation	n has been ap	pproved by the	Stude	nt Name	School	Grade
Elem District Approval		□ no	tials		Stude	nt Name	School	Grade
HS District Approval County Approval		□ no □ no				CONTRACT IS FO	DR:	
Parent or Guardian	Name: (Pleas	e Print)				es 1-12 : Semester Only	□ 2nd Semester Only	y Both Semesters
Shane Kluesne Physical Address (s		only):				ndergarten/Kinder : Semester Only	garten □ 2nd Semester Onl	y □ Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for o Students in Each Grade L Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 35 e to nearest but HS 0 ne-way only evel - Only include Pre-K Total	the students to b	r (one way) e covered by th 1-8 Total	9-12 Total	Kinde by thi To or To or Kinde To or To or Dead PARE files. COUI copy f	s contract: from Bus Stop from School ergarten child ride from Bus Stop from School dlines: NTS: Due to Scho eKS: Send original stry SUPERINTEN for your files. RE (For dist	times per day, times per day, times per day, times per day, ses without other schotimes per day, times per day,	days per week days per week days per week
insured driver will I 2. In March and June transported for the 3. The payment shall 4. This contract shall	ws: ansport or provide transport the stude t, the District shall p past semester, be computed on the terminate at the el	transportation for nts. Mileage con pay the parent the ne basis of the so nd of the school y	the student(s) tracts are valid of esum officially a chedule establishear or when the	o and from the school only when transportation approved in the applicated in Section 20-10-1 student(s) is no longer	or bus stop on the on for the distance ation upon certificate, and the	e reported on the contract	session. The parent or guard t actually occurs. incipal of the school of the nur	ian assures that a licensed and mber of days the student(s) was
Elementary School		,	ard of Truste					Date
High School District Lima K-12 Schools	t	Chair, Boa	ard of Truste	es				Date
			l attes	t that the above i	information is	s true and correct.		
Signature - Parent or	Guardian			<u></u>			Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	Box 202501 na, MT 59620)-2501				2004- 2005 Clerk June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract			County	<u> </u>	Legal Entity
High School or K-12 D	istrict Responsi	ole for Reimbu	rsing the Cont	tract		County		Legal Entity
Lima K-12 Scho	ools					Beaverhead		0009
Is this contract shar ☐ yes ☐ no		ementary an	d high scho	ol?	<u> </u>			
Are you applying fo	r isolation stat	us? □ Yes	□ No		Stude	nt Name	School	Grade
(If yes, please attaction: Section	h explanation	A, provides for	increased reir	mbursement	Stude	iit ivaiiie	Scriooi	Grade
rates for special circur increased rates, individent trustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	ation of resident ces must be resportation com	ice. In order to viewed and appoint and the mittee, and the contraction in the contractio	o receive oproved by the	Stude	nt Name	School	Grade
Check here only if incr District Trustees and t	eased payment	due to isolation	n has been ap	pproved by the	Stude	nt Name	School	Grade
Elem District Approval		□ no	tials		Stude	nt Name	School	Grade
HS District Approval County Approval		□ no □ no				CONTRACT IS FO	DR:	
Parent or Guardian	Name: (Pleas	e Print)				es 1-12 : Semester Only	□ 2nd Semester Only	y Both Semesters
Shane Kluesne Physical Address (s		only):				ndergarten/Kinder : Semester Only	garten □ 2nd Semester Onl	y □ Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for o Students in Each Grade L Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 35 e to nearest but HS 0 ne-way only evel - Only include Pre-K Total	the students to b	r (one way) e covered by th 1-8 Total	9-12 Total	Kinde by thi To or To or Kinde To or To or Dead PARE files. COUI copy f	s contract: from Bus Stop from School ergarten child ride from Bus Stop from School dlines: NTS: Due to Scho eKS: Send original stry SUPERINTEN for your files. RE (For dist	times per day, times per day, times per day, times per day, ses without other schotimes per day, times per day,	days per week days per week days per week
insured driver will I 2. In March and June transported for the 3. The payment shall 4. This contract shall	ws: ansport or provide transport the stude t, the District shall p past semester, be computed on the terminate at the el	transportation for nts. Mileage con pay the parent the ne basis of the so nd of the school y	the student(s) tracts are valid of esum officially a chedule establishear or when the	o and from the school only when transportation approved in the applicated in Section 20-10-1 student(s) is no longer	or bus stop on the on for the distance ation upon certificate, and the	e reported on the contract	session. The parent or guard t actually occurs. incipal of the school of the nur	ian assures that a licensed and mber of days the student(s) was
Elementary School		,	ard of Truste					Date
High School District Lima K-12 Schools	t	Chair, Boa	ard of Truste	es				Date
			l attes	t that the above i	information is	s true and correct.		
Signature - Parent or	Guardian			<u></u>			Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO B	Box 202501 na, MT 59620				School Year 2004- 2005 ue to School Clerk June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract		County	1	Legal Entity
High School or K-12 D	istrict Responsil	ble for Reimbu	rsing the Conf	tract	County		Legal Entity
Lima K-12 Scho	ols				Beaverhead		0009
Is this contract share ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?			
Are you applying for (If yes, please attac	h explanation))	□ No		Student Name	School	Grade
ISOLATION: Section rates for special circum increased rates, individing trustees of the district,	nstances of isola dual circumstand the county trans	ation of resident ces must be resportation com	ice. In order to viewed and appoint and the mittee, and the contraction in the contractio	o receive oproved by the	Student Name	School	Grade
Public Instruction. (10.) Check here only if incredistrict Trustees and the	eased payment	due to isolation	n has been ap	pproved by the	Student Name	School	Grade
Elem District Approval	-		tials		Student Name	School	Grade
HS District Approval County Approval	•	□ no □ no			THIS CONTRACT IS F	OR:	
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 □ 1st Semester Only	□ 2nd Semester Only	/ □ Both Semesters
Vila Krug Physical Address (s	treet address	only):			Pre-kindergarten/Kinde		
1 Hysical Address (s	arcet address	Orny).			Sinder Garden Ster Unity KINDERGARTEN/PRE	□ 2nd Semester Only	y □ Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for or	HS 18 e to nearest bu HS 9	·			by this contract: To or from Bus Stop To or from School Kindergarten child rid To or from Bus Stop	times per day,times per day,times per day,tes without other schotimes per day,	days per week days per week ol-age students: days per week
Students in Each Grade Le	evel - Only include	the students to b	e covered by th	is contract.	Deadlines: PARENTS: Due to Sch	and Clark June 1	
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: Send origina		/ 1, retain a copy for your
Regular Trans					files.	NDENTS: Sand origina	I to OPI by July 10, retain a
Spec. Ed. Trans					copy for your files.	NDENTS. Send ongina	Tto OFI by July 10, retain a
Room & Board					R	EIMBURSEMENT RA	
Correspondence Reg.							
Contingency Spec. Ed. Contin.					Reimb	oursement rate is determ 20-10-142, MCA.	nined by
орео: Еа: Оонын:							
Agreement between	n parent (pare	nt name)	1-		, and school district (dis	trict name)	,
insured driver will t 2. In March and June transported for the 3. The payment shall	ansport or provide ransport the stude , the District shall past semester. be computed on the	nts. Mileage con pay the parent the ne basis of the so	the student(s) to tracts are valid of e sum officially a shedule establish	o and from the school only when transportati approved in the applicated in Section 20-10-	fter referred to as the District(s) I or bus stop on the days when school is i ion for the distance reported on the contration upon certification by the teacher or 142, MCA, and the information accomparer enrolled in school, whichever occurs fire	n session. The parent or guard act actually occurs. principal of the school of the nur	
Elementary School			ard of Truste				Date
High School District Lima K-12 Schools		Chair, Boa	ard of Truste	es			Date
			I attes	t that the above	information is true and correct.		
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	a, MT 59620	-2501		Du	e to Scho	ol Clerk June 1		
Elementary District Res	ponsible for Re	imbursing the	Contract			County		Legal Entity
Wisdom Elem						Beaverhead		0010
High School or K-12 Dis	trict Responsib	le for Reimbu	rsing the Cont	ract		County		Legal Entity
Is this contract share ☐ yes ☐ no	d between el	ementary ar	nd high schoo	ol?				
Are you applying for			□ No		Stud	dent Name	School	Grade
(If yes, please attach ISOLATION: Section 2	explanation) 0-10-142, MCA	, provides for	increased rein	nbursement	Otat	ioni Hamo	2011201	Olddo
rates for special circums increased rates, individu trustees of the district, the Public Instruction. (10.7	ual circumstanc ne county trans	es must be re portation com	viewed and ap mittee, and the	proved by the	Stud	dent Name	School	Grade
Check here only if incre District Trustees and the	ased payment o	due to isolatio	n has been ap	proved by the	Stud	lent Name	School	Grade
Elem District Approval HS District Approval		Ini no	itials			lent Name	School	Grade
	□ yes □	no				<u>S CONTRACT IS FO</u> des 1-12	<u>DR:</u>	
Parent or Guardian N	lame: (Please	e Print)				st Semester Only	☐ 2nd Semester Only	y Both Semesters
Charles F. Gay Physical Address (str	reet address	only):				kindergarten/Kinder st Semester Only		y Both Semesters
Distance from home Elementary 11 Distance from home Elementary 0 Contract is for on Students in Each Grade Leventary 1 Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 0 to nearest bu HS 0 e-way only	s stop, if an	y (one way) De covered by this Total	9-12 Total	Eximite the control of the control o	his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Scho REKS: Send original or for your files. RE RE RE RE RE RE RE RE RE R	times per day,times per day,	days per week da
insured driver will tra 2. In March and June, transported for the p 3. The payment shall b	s: isport or provide to insport the studer the District shall past semester. e computed on the erminate at the en	ransportation for its. Mileage cor ay the parent the e basis of the so d of the school y	r the student(s) to tracts are valid o e sum officially ap	County, hereinafor and from the school only when transportation or the application of the	ter referred or bus stop on on for the dista tition upon certi 42, MCA, and	to as the District(s). the days when school is in	ct actually occurs. rincipal of the school of the nur ring this contract.	ian assures that a licensed and mber of days the student(s) was
High School District		Chair, Boa	ard of Trustee	es				Date
		<u> </u>	I attest	that the above i	information	is true and correct.		
Signature - Parent or 0	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	ia, MT 59620	-2501		Dι	ue to Schoo	l Clerk June 1		
Elementary District Res	sponsible for Re	eimbursing the	Contract			County	<u> </u>	Legal Entity
Wisdom Elem						Beaverhead		0010
High School or K-12 Di	strict Responsit	ole for Reimbu	rsing the Cont	ract		County		Legal Entity
Is this contract share ☐ yes ☐ no	ed between el	ementary ar	nd high school	ol?	·			
Are you applying for			□ No		Stude	ent Name	School	Grade
(If yes, please attach ISOLATION: Section 2	n explanation) 20-10-142, MCA	A, provides for	increased rein	nbursement]			
rates for special circum increased rates, individ trustees of the district, 1 Public Instruction. (10.7	ual circumstand the county trans	ces must be re sportation com	viewed and ap mittee, and the	proved by the	Stude	ent Name	School	Grade
Check here only if incre	·	J	,	proved by the	Stude	ent Name	School	Grade
District Trustees and th	e County Trans	portation Com In			Stude	ent Name	School	Grade
Elem District Approval HS District Approval	□ yes □	□ no □ no						- Crado
		no				CONTRACT IS FO es 1-12	<u>)R:</u>	
Parent or Guardian I	vame: (Pleas	e Print)				t Semester Only	☐ 2nd Semester Only	y Both Semesters
Darrell Weaver		l\.				indergarten/Kinder		
Physical Address (st	reet address	only):			□ 1s	t Semester Only	☐ 2nd Semester Only	y Both Semesters
Distance from home Elementary 7 Distance from home Elementary 0 Contract is for or Students in Each Grade Lee Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 0 to nearest bu HS 0 ne-way only	ıs stop, if an	y (one way)	s contract. 9-12 Total	Kind by th To or To or Kind To or To or Dea PARI CLEF files.	is contract: from Bus Stop from School ergarten child ride from Bus Stop from School dlines: ENTS: Due to Scho RKS: Send original NTY SUPERINTEN for your files. RE (For dist	times per day, times per day, times per day, swithout other schootimes per day, times per day, tool Clerk June 1.	days per week days per week days per week y 1, retain a copy for your I to OPI by July 10, retain a ATE use only)
insured driver will tr 2. In March and June, transported for the payment shall l	s: nsport or provide t ansport the studer the District shall p past semester. pe computed on the erminate at the er	rransportation for the substitution for the parent the parent the substitution of the school of the	r the student(s) to tracts are valid of e sum officially a chedule establish	County, hereinal of and from the school only when transportati proved in the applicated in Section 20-10-student(s) is no longer	fter referred to a stop on the distantation upon certification, and the distantation upon certification upon certification upon certification upon certification.	ce reported on the contract	session. The parent or guardi t actually occurs. incipal of the school of the nur ing this contract.	ian assures that a licensed and mber of days the student(s) was
Wisdom Elem	2.301100	,						
High School District		Chair, Boa	ard of Truste	es 				Date
			I attes	t that the above	information i	s true and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

Helena, MT		Di	ue to School Clerk J	une 1	
Elementary District Responsible	for Reimbursing the C	ontract	County		Legal Entity
Wisdom Elem			Beaver	head	0010
High School or K-12 District Res	sponsible for Reimburs	ing the Contract	County	load	Legal Entity
Is this contract shared betwe ☐ yes ☐ no	een elementary and	high school?			<u>'</u>
Are you applying for isolation	n status? □ Yes	□ No	Student Name	School	Grade
(If yes, please attach explan ISOLATION: Section 20-10-142	ation) 2. MCA. provides for in	creased reimbursement		Ochool	Grade
rates for special circumstances of increased rates, individual circumstrustees of the district, the count Public Instruction. (10.7.116 AR)	of isolation of residence mstances must be revie y transportation comm	e. In order to receive ewed and approved by the ittee, and the Office of	Student Name	School	Grade
Check here only if increased par District Trustees and the County	yment due to isolation	has been approved by the	Student Name	School	Grade
Elem District Approval	□ no □ no		Student Name		Grade
County Approval yes	□ no		THIS CONTRA Grades 1-12	CT IS FOR:	
Parent or Guardian Name: (Please Print)		☐ 1st Semeste	er Only	Only Both Semesters
Dennis Kirkpatrick Physical Address (street add	dress only):			en/Kindergarten er Only	Only Both Semesters
Distance from home to near Elementary 23 HS Distance from home to near Elementary 0 HS 0 Contract is for one-way of Students in Each Grade Level - Only Pre- Tota Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	est bus stop, if any only include the students to be	(one way)	Kindergarten by this contra To or from Bus To or from Bus To or from Bus To or from Sch County Sur County Sur Copy for your fi	ct: i Stop times per da iool times per da child rides without other s i Stop times per da iool times per da iool times per da ue to School Clerk June 1. ind original to County Supt by ERINTENDENTS: Send original	days per week da
insured driver will transport the 1. In March and June, the District transported for the past semes 1. The payment shall be comput 1. This contract shall terminate at Elementary School District Wisdom Elem	provide transportation for the students. Mileage contratt shall pay the parent the ster. ed on the basis of the schedt the end of the school year. Chair, Board	County, hereina e student(s) to and from the school could are valid only when transportation officially approved in the application established in Section 20-10-ar or when the student(s) is no long d of Trustees	fter referred to as the I or bus stop on the days when ion for the distance reported of ation upon certification by the 142, MCA, and the information	n school is in session. The parent or on the contract actually occurs. teacher or principal of the school of the accompanying this contract.	guardian assures that a licensed and ne number of days the student(s) was
High School District	Chair, Board	d of Trustees			Date
		I attest that the above	information is true and	l correct.	
Signature - Parent or Guardian	n			Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	na, MT 59620	-2501		Du	e to School Cle	erk June 1		
Elementary District Res	sponsible for Re	eimbursing the	Contract		Cour	nty	1	Legal Entity
Wisdom Elem					Bea	averhead		0010
High School or K-12 Di	strict Responsit	ole for Reimbu	rsing the Cont	ract	Cour			Legal Entity
Is this contract share ☐ yes ☐ no	ed between el	ementary ar	nd high schoo	ol?				•
Are you applying for			□ No		Student N	lame	School	Grade
(If yes, please attach ISOLATION: Section 2	n explanation) 20-10-142, MCA	A, provides for	increased rein	nbursement				
rates for special circum increased rates, individ trustees of the district, 1 Public Instruction. (10.7	ual circumstand the county trans	ces must be re sportation com	eviewed and ap nmittee, and the	proved by the	Student N	lame	School	Grade
,	·	, ,	,	proved by the	Student N	lame	School	Grade
Check here only if incre District Trustees and th		sportation Con	nmittee.	proved by the				
Elem District Approval		□ no	itials		Student N	lame	School	Grade
HS District Approval County Approval		□ no □ no				NTRACT IS FO	OR:	
Parent or Guardian I	Name: (Pleas	e Print)			Grades 1- □ 1st Ser	-12 mester Only	☐ 2nd Semester Only	/ □ Both Semesters
Jennifer Sparks						rgarten/Kinder	·	
Physical Address (st	reet address	only):						/ □ Both Semesters
					KINDERG	ARTEN/PRE	KINDERGARTEN:	
Distance from home Elementary 11	to nearest so	chool (one wa	ay)		by this co	ontract:		ge students also covered days per week days per week
Distance from home Elementary 0	to nearest bu	ıs stop, if an	y (one way)		Kinderga To or from	rten child riden Bus Stop	es <u>without</u> other scho times per day, _	ol-age students: days per week
□ Contract is for or	ne-way only				To or from	n School	times per day, _	days per week
Students in Each Grade Le	vel - Only include	the students to I	be covered by thi	s contract.	Deadlin			
	Pre-K	K	1-8	9-12	PARENTS	S: Due to Sch	ool Clerk June 1.	
	Total	Total	Total	Total	CLERKS: files.	: Send origina	I to County Supt by July	/ 1, retain a copy for your
Regular Trans								
Spec. Ed. Trans					county copy for y		IDENTS: Send origina	I to OPI by July 10, retain a
Room & Board						RF	EIMBURSEMENT RA	ATF
							rict, county and OPI	
Correspondence								
Reg. Contingency						Reimb	ursement rate is detern	nined by
Spec. Ed. Contin.							20-10-142, MCA.	
Agreement between	parent (parer	nt name)			, and scho	ool district (dist	rict name)	
	F (F	,			ter referred to as		,	,
(county name) The parties agree as follow		transportation for		•		,		ian assures that a licensed and
insured driver will tr	ansport the studer	nts. Mileage cor	ntracts are valid o	only when transportation	on for the distance rep	orted on the contra	ct actually occurs.	nber of days the student(s) was
transported for the p 3. The payment shall I	past semester. be computed on th	ne basis of the so	chedule establish	ed in Section 20-10-1	142, MCA, and the info	rmation accompany	ying this contract.	
4. This contract shall t Elementary School [erminate at the er	nd of the school	year or when the ard of Truste	student(s) is no longe	er enrolled in school, w	hichever occurs firs	st.	Date
Wisdom Elem	2	,						
High School District		Chair, Boa	ard of Truste	es 				Date
			I attes	t that the above	information is true	e and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	na, MT 59620	-2501		D	ue to Scho	ol Clerk June 1			
Elementary District Re	sponsible for Re	imbursing the	Contract			County	1	Legal Entity	
Wisdom Elem						Beaverhead		0010	
High School or K-12 D	istrict Responsib	le for Reimbu	rsing the Cont	ract		County		Legal Entity	
Is this contract share ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?					
Are you applying for			□ No		Stud	dent Name	School		Grade
(If yes, please attac ISOLATION: Section	20-10-142, MCA	, provides for			1				
rates for special circum increased rates, individ trustees of the district,	dual circumstand the county trans	es must be re sportation com	viewed and apmittee, and the	proved by the	Stud	dent Name	School		Grade
Public Instruction. (10.	·	J	,		Stud	dent Name	School		Grade
Check here only if incre District Trustees and the		portation Com	mittee.	proved by the					
Elem District Approval	□ yes □	Ini □ no	tials		Stud	lent Name	School		Grade
HS District Approval County Approval		□ no □ no				S CONTRACT IS FO	R:		
Parent or Guardian		e Print)				des 1-12 st Semester Only	□ 2nd Semester Only	y □ Both Sei	mesters
Joetta Wetzsted	on					•	•	,	
Physical Address (s		only):				kindergarten/Kinderg st Semester Only	jarten □ 2nd Semester Onl	y 🗆 Both Sei	mesters
					KIN	DERGARTEN/PREM	(INDERGARTEN:		
Distance from home Elementary 20	e to nearest sc HS 0	hool (one wa	ay)		Kind by t	dergarten child ride his contract:	s with other school-a times per day, _ times per day, _	_	
Distance from home Elementary 0	e to nearest bu HS 0	ıs stop, if anı	y (one way)		Kin d To d	dergarten child ride or from Bus Stop	s <u>without</u> other scho times per day, _	ol-age student days	s per week
□ Contract is for o	ne-way only				100	or from School	times per day, _	days	s per week
Students in Each Grade Le	evel - Only include	the students to b	e covered by thi	is contract.		adlines: RENTS: Due to Scho	ool Clork June 1		
	Pre-K Total	K Total	1-8 Total	9-12 Total			to County Supt by July	v 1. retain a con	ov for vour
Regular Trans					files		to occur, our pour,	, .,	,, ,
Spec. Ed. Trans						JNTY SUPERINTEN of for your files.	DENTS : Send origina	ll to OPI by July	10, retain a
Room & Board							IMBURSEMENT RA		
Correspondence						(For dist	rict, county and OPI	use only)	
Reg.									
Contingency						Reimbu	ursement rate is detern 20-10-142, MCA.	nined by	
Spec. Ed. Contin.							,		
Agreement betweer	n parent (parer	nt name)			, and	d school district (distr	ict name)		, , , , , , , , , , , , , , , , , , ,
(county name)			(County, hereina	ifter referred	to as the District(s).			
	ansport or provide t						session. The parent or guard	ian assures that a lic	ensed and
	, the District shall p					nce reported on the contraction by the teacher or pr	t actually occurs. incipal of the nul	mber of days the stud	dent(s) was
The payment shall	be computed on th	e basis of the so	chedule establish	ned in Section 20-10-	-142, MCA, and per enrolled in so	the information accompany	ing this contract.		
Elementary School			ard of Truste		,	3.,		Date	
Wisdom Elem High School District	:	Chair, Boa	ard of Truste	es				Date	
						 			
Signatura Parant	Guardian		I attes	t that the above	Information	is true and correct.	Data		
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

Elementary District Responsible for Reimbursing the Contract Wisdom Elem High School or K-12 District Responsible for Reimbursing the Contract County Legal Entity County Legal Entity County Legal Entity Is this contract shared between elementary and high school? yes no Are you applying for isolation status? Yes No Student Name School	
High School or K-12 District Responsible for Reimbursing the Contract County Legal Entity Is this contract shared between elementary and high school? yes □ no Are your applying for isolation status? □ Yes □ No	
High School or K-12 District Responsible for Reimbursing the Contract County Legal Entity Is this contract shared between elementary and high school? yes □ no Are your applying for isolation status? □ Yes □ No	
□ yes □ no Are you applying for isolation status? □ Yes □ No	
□ yes □ no Are you applying for isolation status? □ Yes □ No	
Are you applying for isolation status? Yes No	
	Grade
(If yes, please attach explanation) ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement	Cidao
rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)	Grade
Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.	Grade
Elem District Approval	Grade
County Approval	
Parent or Guardian Name: (Please Print) Glades 1-12 □ 1st Semester Only □ 2nd Semester Only □ Both Semes	ters
Mariah Smedley Pre-kindergarten/Kindergarten Physical Address (street address only): □ 1st Semester Only □ 2nd Semester Only □ Both Semester	ters
Distance from home to nearest school (one way) Elementary 8	week week week week
Agreement between parent (parent name)	
High School District Chair, Board of Trustees Date	
I attest that the above information is true and correct.	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	ia, MT 59620	-2501		Du	e to Scho	ol Clerk June 1		
Elementary District Res	sponsible for Re	imbursing the	Contract			County		Legal Entity
Wisdom Elem						Beaverhead		0010
High School or K-12 Di	strict Responsit	ole for Reimbu	rsing the Cont	ract		County		Legal Entity
Is this contract share ☐ yes ☐ no	ed between el	ementary ar	nd high schoo	ol?				
Are you applying for			□ No		Stud	dent Name	School	Grade
(If yes, please attach ISOLATION: Section 2	n explanation) 20-10-142, MCA	A, provides for	increased rein	nbursement	Otat	ioni Hamo	2011201	Grado
rates for special circum increased rates, individ trustees of the district, t Public Instruction. (10.7	stances of isola ual circumstand the county trans	tion of resider ses must be re sportation com	nce. In order to viewed and ap mittee, and the	o receive proved by the	Stud	dent Name	School	Grade
Check here only if incre District Trustees and th	ased payment	due to isolatio	n has been ap	proved by the	Stud	lent Name	School	Grade
Elem District Approval HS District Approval		Ini no	itials			lent Name	School	Grade
		no				<u>S CONTRACT IS FO</u> des 1-12	<u>DR:</u>	
Parent or Guardian I	Name: (Pleas	e Print)				st Semester Only	☐ 2nd Semester Only	y Both Semesters
Mikal Reese Physical Address (st	reet address	only):				kindergarten/Kinder st Semester Only		y Both Semesters
Distance from home Elementary 8 Distance from home Elementary 0 Contract is for or Students in Each Grade Le Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 0 to nearest but HS 0 ne-way only vel - Only include Pre-K Total	the students to t	y (one way) De covered by this Total	9-12 Total	Eximite the control of the control o	his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Scho REKS: Send original or for your files. RE RE RE RE RE RE RE RE RE R	times per day, times	days per week da
insured driver will tr 2. In March and June, transported for the p 3. The payment shall t 4. This contract shall t Elementary School [s: nsport or provide t ansport the studer the District shall p past semester. pe computed on the erminate at the en	ransportation for its. Mileage cor ay the parent the ie basis of the so d of the school y	r the student(s) to tracts are valid o e sum officially ap	County, hereinaf o and from the school only when transportation opproved in the applicated ed in Section 20-10-1 student(s) is no longe	ter referred or bus stop on on for the dista tition upon certi 42, MCA, and	to as the District(s). the days when school is in	ct actually occurs. rincipal of the school of the nur ing this contract.	ian assures that a licensed and mber of days the student(s) was
Wisdom Elem High School District		Chair, Boa	ard of Trustee	es				Date
			l c#s=4	that the above	informatio-	is true and correct		
Signature - Parent or	Guardian		ı attest	triat trie above i	inomation	is true and correct.	Date	
Signature Farent Of	- 441 41411						_410	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	a, MT 59620	-2501		Du	e to Scho	ol Clerk June 1			
Elementary District Res	ponsible for Re	imbursing the	Contract			County	<u> </u>	Legal Entity	
Wisdom Elem						Beaverhead		0010	
High School or K-12 Dis	trict Responsib	ole for Reimbu	rsing the Cont	ract		County		Legal Entity	
Is this contract share ☐ yes ☐ no	d between el	ementary ar	nd high schoo	ol?					
Are you applying for	isolation statu	us? □ Yes	□ No		Stu	dent Name	School	Grade	
(If yes, please attach ISOLATION: Section 2	explanation) 0-10-142, MCA	A. provides for	increased rein	nbursement	Otac	icht ivanic	GCHOOL	Grade	
rates for special circums increased rates, individu trustees of the district, the Public Instruction. (10.7	stances of isola ual circumstanc ne county trans	tion of resider es must be re portation com	nce. In order to viewed and ap mittee, and the	receive proved by the	Stud	lent Name	School	Grade	!
Check here only if incre District Trustees and the	ased payment	due to isolatio	n has been ap	proved by the	Stud	lent Name	School	Grade	i
Elem District Approval	□ yes □		itials			lent Name	School	Grade)
		no				<u>S CONTRACT IS FO</u> des 1-12	<u>DR:</u>		
Parent or Guardian N	lame: (Pleas	e Print)				st Semester Only	□ 2nd Semester Onl	y Both Semesters	
Patti Bacon Physical Address (str	reet address	only):				kindergarten/Kinder st Semester Only		y Both Semesters	
Distance from home Elementary 14 Distance from home Elementary 0 Contract is for on Students in Each Grade Level Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 0 to nearest bu HS 0 e-way only rel - Only include Pre-K Total	the students to the Students t	y (one way) De covered by this Total	9-12 Total	Eximite the point of the point	his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Scho ERKS: Send original of for your files. REINTS:	times per day,times per day,	days per week da	
insured driver will tra 2. In March and June, transported for the p 3. The payment shall b	s: isport or provide t insport the studer the District shall p ast semester. e computed on the erminate at the en	ransportation fo its. Mileage cor ay the parent th ie basis of the si d of the school	r the student(s) to tracts are valid o e sum officially ap	County, hereinaft o and from the school nly when transportatic oproved in the applica ed in Section 20-10-1 student(s) is no longe	ter referred or bus stop on on for the dista tition upon certi 42, MCA, and	to as the District(s). the days when school is in	ct actually occurs. rincipal of the school of the null ring this contract.	lian assures that a licensed and mber of days the student(s) was	,5
High School District		Chair, Boa	ard of Trustee	es				Date	
			دادم ا	that the above !	informet!	in true and sames!			_
Signature - Parent or 0	Guardian		ı attest	triat the above i	information	is true and correct.	Date		_
Signature - Farent Of C	Juai diali						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	na, MT 59620	-2501		Du	e to School Clerk J	une 1	
Elementary District Res	sponsible for Re	eimbursing the	Contract		County		Legal Entity
Polaris Elem					Beaver	head	0012
High School or K-12 Di	strict Responsit	ole for Reimbu	rsing the Cont	ract	County	ileau	Legal Entity
Is this contract share ☐ yes ☐ no	ed between el	ementary ar	nd high school	ol?	<u> </u>		
Are you applying for			□ No		Student Name	School	Grade
(If yes, please attack ISOLATION: Section 3	n explanation) 20-10-142, MC <i>P</i>	A, provides for	increased rein	nbursement		3333.	0.000
rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.7)	stances of isola lual circumstand the county trans	ation of resider ces must be re sportation com	nce. In order to eviewed and ap nmittee, and the	o receive oproved by the	Student Name	School	Grade
Check here only if incre District Trustees and th	eased payment	due to isolatio	n has been ap	proved by the	Student Name	School	Grade
Elem District Approval	□ yes	In □ no	itials		Student Name	School	Grade
HS District Approval County Approval		□ no □ no			THIS CONTRA	ACT IS FOR:	
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 □ 1st Semeste	er Only 2nd Semeste	Only Both Semesters
Angela R. Hurle	У				Pre-kindergarte	en/Kindergarten	
Physical Address (s	treet address	only):					Only Both Semesters
						EN/PREKINDERGARTEN	
Distance from home Elementary 12	to nearest so HS 0	chool (one w	ay)		by this contra	ct:	ay, days per week ay, days per week
Distance from home Elementary 0	to nearest bu	ıs stop, if an	y (one way)		Kindergarten To or from Bus	child rides <u>without</u> other s Stop times per d	school-age students: ay, days per week
☐ Contract is for or	ne-way only				To or from Sch	ool times per c	ay, days per week
Students in Each Grade Le	evel - Only include	the students to	be covered by thi	s contract.	Deadlines:	us to Cohool Clark June 4	
	Pre-K	K	1-8	9-12	PARENTS: DI	ue to School Clerk June 1.	
	Total	Total	Total	Total	CLERKS: Ser files.	nd original to County Supt b	y July 1, retain a copy for your
Regular Trans					COUNTY SUP	FRINTENDENTS: Send of	riginal to OPI by July 10, retain a
Spec. Ed. Trans					copy for your fi		igilial to Of 1 by duly 10, retain a
Room & Board						REIMBURSEMEN	
Correspondence						(For district, county and	OPI use only)
Reg.						D :	
Contingency						Reimbursement rate is d 20-10-142, MO	
Spec. Ed. Contin.							
Agreement between	parent (parei	nt name)			, and school dis	strict (district name)	,
(county name)			(County, hereinaf	ter referred to as the [District(s).	
	nsport or provide t						guardian assures that a licensed and
In March and June,	the District shall p					n the contract actually occurs. teacher or principal of the school of	the number of days the student(s) was
transported for the 3. The payment shall	be computed on th	ne basis of the s	chedule establish	ned in Section 20-10-1	42, MCA, and the information	accompanying this contract.	
Elementary School I			year or when the ard of Truste		er enrolled in school, whichever	er occurs first.	Date
Polaris Elem High School District		Chair Bo	ard of Truste	es			Date
g Sonooi District		Criair, Do					54.0
			I attes	t that the above	information is true and	I correct.	
Signature - Parent or	Guardian				<u> </u>	Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	a, MT 59620	-2501		Du	e to Scho	ol Clerk June 1		
Elementary District Resp	onsible for Re	imbursing the	Contract			County		Legal Entity
Polaris Elem						Beaverhead		0012
High School or K-12 Dis	trict Responsib	ole for Reimbu	irsing the Conti	ract		County		Legal Entity
Is this contract shared ☐ yes ☐ no	d between el	ementary ar	nd high schoo	ol?				
Are you applying for i	solation statu	us? □ Yes	□ No		Stuc	lent Name	School	Grade
(If yes, please attach ISOLATION: Section 20	explanation) 0-10-142. MCA	A. provides for	increased rein	nbursement	Otac	ient ivanie	GCHOOL	Grade
rates for special circums increased rates, individu trustees of the district, the Public Instruction. (10.7.	tances of isola al circumstanc ne county trans	tion of resider es must be re portation com	nce. In order to eviewed and ap amittee, and the	receive proved by the	Stud	lent Name	School	Grade
Check here only if increa	ased payment	due to isolatio	n has been ap	proved by the	Stud	lent Name	School	Grade
Elem District Approval HS District Approval		In no	itials			lent Name	School	Grade
		no				<u>S CONTRACT IS FO</u> des 1-12	<u>DR:</u>	
Parent or Guardian N	iame: (Pleas	e Print)				st Semester Only	☐ 2nd Semester Onl	y Both Semesters
Kimberly A. Finch Physical Address (str		only):				kindergarten/Kinderg st Semester Only		y □ Both Semesters
Distance from home Elementary 12 Distance from home Elementary 0 Contract is for one Students in Each Grade Level Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 0 to nearest but HS 0 e-way only el - Only include Pre-K Total	the students to the Students t	y (one way) be covered by this Total	9-12 Total	Mine To co To co PAF CLE files	his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from Bus Stop or from Bus Stop or from School adlines: RENTS: Due to Scho RKS: Send original of for your files. RE	times per day, times	days per week da
insured driver will tra 2. In March and June, the transported for the properties of	: sport or provide t nsport the studer he District shall past semester. e computed on th rminate at the en	ransportation fo its. Mileage cor ay the parent th ie basis of the si d of the school	r the student(s) to tracts are valid o e sum officially ap	County, hereinaft and from the school nly when transportation proved in the applicated ed in Section 20-10-1 student(s) is no longe	ter referred or bus stop on on for the dista tion upon certi 42, MCA, and	to as the District(s). the days when school is in	et actually occurs. rincipal of the school of the nu	dian assures that a licensed and mber of days the student(s) was
Polaris Elem High School District		Chair, Boa	ard of Trustee	es				Date
		, = 0						
Cimate a D			I attest	that the above i	nformation	is true and correct.	Data	
Signature - Parent or G	uardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	a, MT 59620	-2501		Dι	ue to Schoo	l Clerk June 1		
Elementary District Res	ponsible for Re	eimbursing the	Contract			County	<u> </u>	Legal Entity
Polaris Elem						Beaverhead		0012
High School or K-12 Dis	strict Responsit	ole for Reimbu	rsing the Cont	ract		County		Legal Entity
Is this contract share ☐ yes ☐ no	d between el	ementary ar	nd high schoo	ol?	•			
Are you applying for			□ No		Stude	ent Name	School	Grade
(If yes, please attach ISOLATION: Section 2	explanation) 20-10-142, MCA	A, provides for	increased reir	mbursement]			
rates for special circum- increased rates, individe trustees of the district, t Public Instruction. (10.7	ual circumstand he county trans	ces must be re sportation com	viewed and ap mittee, and the	proved by the	Stude	ent Name	School	Grade
Check here only if incre	·	J	ŕ	proved by the	Stude	ent Name	School	Grade
District Trustees and the	e County Trans	portation Con			Stude	ent Name	School	Grade
Elem District Approval HS District Approval		□ no □ no						Grade
	□ yes	□ no				CONTRACT IS FO es 1-12	<u>DR:</u>	
Parent or Guardian N	Name: (Pleas	e Print)				t Semester Only	☐ 2nd Semester Only	/ □ Both Semesters
Kristen Lovaas					Pre-k	indergarten/Kinder	garten	
Physical Address (st	reet address	only):			□ 1s	t Semester Only	☐ 2nd Semester Only	/ □ Both Semesters
Elementary 6.8 Distance from home Elementary 0 Contract is for on	Distance from home to nearest school (one way) Elementary 6.8 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0 Contract is for one-way only Students in Each Grade Level - Only include the students to be covered by this contract. Pre-K K 1-8 9-12 Total Total Total Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency						times per day,times per day,times per day,times per day,times per day,times per day,tool Clerk June 1.	days per week days per week days per week / 1, retain a copy for your I to OPI by July 10, retain a ATE use only)
insured driver will trace. 2. In March and June, transported for the payment shall be a second to	s: nsport or provide to ansport the studer the District shall posats semester. e computed on the erminate at the er	rransportation for this. Mileage cor yay the parent the ne basis of the so d of the school y	r the student(s) to tracts are valid of e sum officially a chedule establish	County, hereinal o and from the school only when transportati pproved in the applic ned in Section 20-10- student(s) is no long.	fter referred in the stop on the distantation upon certification, and the stop of the stop	ce reported on the contract	session. The parent or guardi at actually occurs. incipal of the school of the nur ing this contract.	ian assures that a licensed and mber of days the student(s) was
Polaris Elem		,						
High School District		Chair, Boa	ard of Truste	es 				Date
			l attes	t that the above	information i	s true and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	na, MT 59620	-2501		D	ue to Scho	ol Clerk June 1			
Elementary District Re	sponsible for Re	imbursing the	Contract			County	1	Legal Entity	
Jackson Elem						Beaverhead		0014	
High School or K-12 D	istrict Responsit	le for Reimbu	rsing the Cont	ract		County		Legal Entity	
Is this contract share ☐ yes ☐ no	ed between el	ementary ar	d high school	ol?					
Are you applying for			□ No		Stud	dent Name	School		Grade
(If yes, please attack ISOLATION: Section 2	20-10-142, MCA	, provides for			1				
rates for special circum increased rates, individ trustees of the district,	lual circumstand the county trans	es must be re sportation com	viewed and apmittee, and the	proved by the	Stud	lent Name	School		Grade
Public Instruction. (10.	·	J	,		Stud	dent Name	School		Grade
Check here only if incre District Trustees and the		portation Con	mittee.	proved by the					
Elem District Approval	□ yes □	Ini □ no	tials		Student Name School Grade				
HS District Approval County Approval		□ no □ no				S CONTRACT IS FO	PR:		
Parent or Guardian	Name: (Pleas	e Print)				des 1-12 st Semester Only	☐ 2nd Semester Onl	y □ Both Se	mesters
Carol Porter						kindergarten/Kinderg		,	
Physical Address (s	treet address	only):					☐ 2nd Semester Only	y 🗆 Both Se	mesters
					KIN	DERGARTEN/PREM	(INDERGARTEN:		
Distance from home Elementary 5.6	to nearest so HS 0	hool (one wa	ay)		bv t	his contract:	times per day,times per day,times per day,times per day,	_	
Distance from home Elementary 0	to nearest bu HS 0	is stop, if an	y (one way)		Kin d To d	dergarten child ride or from Bus Stop	s <u>without</u> other scho times per day, _	ol-age student	ts: s per week
□ Contract is for o	ne-way only				100	or from School	times per day, _	days	s per week
Students in Each Grade Le	evel - Only include	the students to b	e covered by thi	is contract.		adlines: RENTS: Due to Scho	ool Clork June 1		
	Pre-K	K	1-8	9-12					_
	Total	Total	Total	Total	CLERKS: Send original to County Supt by July 1, retain a copy for your files.				
Regular Trans					COL	INTY SUPERINTEN	DENTS : Send origina	al to OPI by July	/10 retain a
Spec. Ed. Trans						for your files.	DELITIO		ro, rotain a
Room & Board							IMBURSEMENT RA		
Correspondence						(For dist	rict, county and OPI	use only)	
Reg.									
Contingency						Reimbu	ursement rate is detern 20-10-142, MCA.	nined by	
Spec. Ed. Contin.							,		
Agreement between	n parent (parer	nt name)			, and	d school district (distr	ict name)		······································
(county name)				County, hereina	ifter referred	to as the District(s).			
	ansport or provide t						session. The parent or guard	lian assures that a lic	censed and
	, the District shall p					nce reported on the contract fication by the teacher or pr	it actually occurs. incipal of the school of the nu	mber of days the stu	dent(s) was
The payment shall	be computed on th	e basis of the so	chedule establish ear or when the	ned in Section 20-10- student(s) is no long	-142, MCA, and ger enrolled in so	the information accompany chool, whichever occurs firs	ing this contract. t.		
Elementary School Jackson Elem			ard of Truste					Date	
High School District		Chair, Boa	ard of Truste	es				Date	
			Lattes	t that the chave	information	is true and correct			
Signature - Parent or	Guardian		ı attes	t triat trie above	inionnation	is true and correct.	Date		
									

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

Helena,	Z02501 MT 59620-	-2501		Du	e to Scho	ol Clerk June 1			
Elementary District Respo	nsible for Rei	imbursing the	Contract			County		Legal Entity	
Jackson Elem						Beaverhead		0014	
High School or K-12 Distriction	ct Responsib	le for Reimbu	rsing the Cont	ract		County		Legal Entity	
Is this contract shared □ yes □ no	between ele	ementary ar	nd high school	ol?					
Are you applying for iso		ıs? □ Yes	□ No		Stu	dent Name	School	Grade	
(If yes, please attach ex ISOLATION: Section 20-	xplanation) 10-142, MCA	, provides for	increased rein	nbursement	Otac	icht ivanic	GCHOOL	Clade	
rates for special circumsta increased rates, individual trustees of the district, the Public Instruction. (10.7.11	nces of isolat circumstance county transp	tion of resider es must be re portation com	nce. In order to viewed and ap mittee, and the	o receive proved by the	Stud	lent Name	School	Grade	
Check here only if increase District Trustees and the C	ed payment c	due to isolatio	n has been ap	proved by the	Stud	lent Name	School	Grade	
Elem District Approval	yes 🗆		itials		Stud	dent Name	School	Grade	
County Approval	yes	no				<u>S CONTRACT IS FO</u> des 1-12	<u>DR:</u>		
Parent or Guardian Na	me: (Please	e Print)				st Semester Only	□ 2nd Semester Only	y □ Both Semesters	
Deanna Peterson Physical Address (street	et address o	only):				kindergarten/Kinder st Semester Only		y □ Both Semesters	
					KIN	DERGARTEN/PRE	(INDERGARTEN:		
Distance from home to Elementary 6	nearest sch HS 0	nool (one w	ay)		Kind by t	dergarten child ride his contract: or from Bus Stop	es <u>with</u> other school-a times per day,	days per week days per week days per week	
Distance from home to Elementary 0	nearest bus HS 0	s stop, if an	y (one way)		Kind	dergarten child ride	es without other scho	ol-age students: days per week days per week days per week	
□ Contract is for one-	way only				100	or from School	times per day, _	days per week	
Students in Each Grade Level	- Only include t	he students to I	be covered by this	s contract.	Dea	adlines: RENTS: Due to Sch	nol Clark June 1		
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: Send original to County Supt by July 1, retain a copy for your files.				
Regular Trans									
Spec. Ed. Trans						JNTY SUPERINTEN y for your files.	IDENTS: Send origina	I to OPI by July 10, retain a	
Room & Board							IMBURSEMENT RA	ATF	
Correspondence						(For dist	rict, county and OPI	use only)	
Reg.									
Contingency						Reimb	ursement rate is detern 20-10-142, MCA.	nined by	
Spec. Ed. Contin.							20-10-142, WCA.		
Agreement between pa	rent (paren	t name)			, and	d school district (distr	rict name)		
(county name)						to as the District(s).			
The parties agree as follows:	ort or provide tr	ansportation for		•			session. The parent or quard	ian assures that a licensed and	
insured driver will trans	port the studen	ts. Mileage cor	ntracts are valid o	nly when transportation	on for the dista	nce reported on the contract	ct actually occurs.	mber of days the student(s) was	
transported for the past 3. The payment shall be of	semester.	e basis of the so	chedule establish	ed in Section 20-10-1	I42, MCA, and	the information accompany	ring this contract.		
	inate at the end	d of the school		student(s) is no longe		chool, whichever occurs firs		Date	
Jackson Elem		,							
High School District		Cnair, Boa	ard of Trustee	es				Date	
			l attest	that the above	information	is true and correct.			
Signature - Parent or Gu	ardian						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

Helena, MT 59620	-2501	Due to S	School Clerk June 1				
Elementary District Responsible for Re	eimbursing the Contract		County		Legal Entity		
Jackson Elem			Beaverhead		0014		
High School or K-12 District Responsit	ole for Reimbursing the Con	tract	County		Legal Entity		
Is this contract shared between el □ yes □ no	ementary and high scho	ol?					
Are you applying for isolation state	us? □ Yes □ No		Student Name	School	Grade		
(If yes, please attach explanation) ISOLATION: Section 20-10-142, MCA	A, provides for increased rein	mbursement	Otadent Name	CCHOOL	Grade		
rates for special circumstances of isola increased rates, individual circumstance trustees of the district, the county transpublic Instruction. (10.7.116 ARM proving the county transpublic Instruction.)	ation of residence. In order to see must be reviewed and a sportation committee, and the	o receive oproved by the	Student Name	School	Grade		
Check here only if increased payment District Trustees and the County Trans	due to isolation has been ap	pproved by the	Student Name	School	Grade		
Elem District Approval □ yes	Initials □ no □ no □ no		Student Name	School	Grade		
County Approval	□ no		THIS CONTRACT IS FOR: Grades 1-12				
Parent or Guardian Name: (Pleas	e Print)		☐ 1st Semester Only	□ 2nd Semester Only	□ Both Semesters		
Jolene Harp Physical Address (street address	only):		Pre-kindergarten/Kinderg		□ Both Semesters		
Distance from home to nearest so Elementary 14 HS 0 Distance from home to nearest but Elementary 0 HS 0 Contract is for one-way only Students in Each Grade Level - Only include Pre-K Total Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	the students to be covered by the Total Total	9-12 Total	KINDERGARTEN/PREK Kindergarten child ride by this contract: To or from Bus Stop To or from School Kindergarten child ride To or from Bus Stop To or from School Deadlines: PARENTS: Due to Scho CLERKS: Send original files. COUNTY SUPERINTEN copy for your files. REIMBU	s with other school-age times per day, times per da	days per week days per week ol-age students: days per week		
Agreement between parent (parent (county name) The parties agree as follows: 1. The parent shall transport or provide insured driver will transport the stude: 2. In March and June, the District shall pransported for the past semester. 3. The payment shall be computed on the transport of the past semester. 4. This contract shall terminate at the erelementary School District Jackson Elem	cransportation for the student(s) the transportation for the student(s) the transportation for the student say the parent the sum officially and the basis of the school year or when the Chair, Board of Truste	County, hereinafter referon and from the school or bus sonly when transportation for the approved in the application uponed in Section 20-10-142, MC/student(s) is no longer enrolled.	le distance reported on the contraction certification by the teacher or produced A, and the information accompany	session. The parent or guardia t actually occurs. incipal of the school of the num	an assures that a licensed and		
High School District	Chair, Board of Truste	es			Date		
	l attes	t that the above inform	ation is true and correct.		<u></u>		
Signature - Parent or Guardian				Date			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	ia, MT 59620	-2501		Du	ie to School C	lerk June 1			
Elementary District Res	sponsible for Re	eimbursing the	Contract		Со	unty	<u> </u>	Legal Entity	
Jackson Elem					R	eaverhead		0014	
High School or K-12 Di	strict Responsit	ole for Reimbu	rsing the Cont	ract		unty		Legal Entity	
Is this contract share ☐ yes ☐ no	ed between el	ementary ar	nd high school	ol?	<u> </u>				
Are you applying for			□ No		Student	Name	School	Grade	
(If yes, please attach ISOLATION: Section 2	n explanation) 20-10-142, MCA	A, provides for	increased rein	nbursement					
rates for special circum increased rates, individ trustees of the district, 1 Public Instruction. (10.7	ual circumstand the county trans	ces must be re sportation com	viewed and ap mittee, and the	proved by the	Student	Name	School	Grade	
Check here only if incre	ased payment	due to isolatio	n has been ap	proved by the	Student	Name	School	Grade	
District Trustees and th Elem District Approval	-		nmittee. itials		Student	Name	School	Grade	
HS District Approval	□ yes □	no			THIS CO	ONTRACT IS EC	ND.		
County Approval Parent or Guardian I		no	 -		THIS CONTRACT IS FOR: Grades 1-12				
	varrie. (i leas	e i iiii)			□ 1st S	emester Only	□ 2nd Semester Onl	y Both Semesters	
Julia Richmond Physical Address (st	root addraga	only):				lergarten/Kinder			
Filysical Address (Si	ieei auuress	Offig).			□ 1st S	emester Only	□ 2nd Semester Onl	y Both Semesters	
Distance from home Elementary 5.5 Distance from home Elementary 0 Contract is for or Students in Each Grade Lee Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 0 to nearest bu HS 0 ne-way only	ıs stop, if an	y (one way)	s contract. 9-12 Total	Kinderg by this To or fro To or fro Kinderg To or fro To or fro Deadli PAREN CLERKS files.	garten child ride contract: om Bus Stop om School garten child ride om Bus Stop om School ines: TS: Due to Scho S: Send original Y SUPERINTEN your files. RE (For dist	times per day,times per day,times per day,times per day,times per day,times per day,times per day,tool Clerk June 1.	days per week da	
opec. Eu. Conun.									
insured driver will tr 2. In March and June, transported for the payment shall I 4. This contract shall I	s: nsport or provide t ansport the studer the District shall p past semester. pe computed on the erminate at the er	rransportation for this. Mileage cor you the parent the the basis of the sy do of the school	r the student(s) to tracts are valid of e sum officially a chedule establish year or when the	County, hereinaf o and from the school only when transportati pproved in the applica- ted in Section 20-10-1 student(s) is no longe	or bus stop on the don for the distance reation upon certification	eported on the contract	session. The parent or guard at actually occurs. incipal of the school of the nur	lian assures that a licensed and mber of days the student(s) was	
Elementary School I Jackson Elem	District	Chair, Boa	ard of Truste	es				Date	
High School District		Chair, Boa	ard of Truste	es				Date	
			I attes	that the above	information is tr	rue and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	a, MT 59620	-2501		Du	e to School Cle	rk June 1			
Elementary District Res	ponsible for Re	eimbursing the	Contract		Count	ty		Legal Entity	
Jackson Elem					Rea	verhead		0014	
High School or K-12 Dis	strict Responsit	ole for Reimbu	rsing the Cont	ract	Count			Legal Entity	
Is this contract share ☐ yes ☐ no	d between el	ementary ar	nd high schoo	ol?					
Are you applying for			□ No		Student Na	ame	School	Grade	
(If yes, please attach ISOLATION: Section 2	explanation) 0-10-142, MCA	A, provides for	increased rein	nbursement					
rates for special circum increased rates, individ- trustees of the district, t Public Instruction. (10.7	ual circumstand he county trans	ces must be re sportation com	viewed and ap mittee, and the	proved by the	Student Na	ame	School	Grade	
Check here only if incre	ased payment	due to isolatio	n has been ap	proved by the	Student Na	ame	School	Grade	
District Trustees and th	-	In	nmittee. itials		Student Na	ame	School	Grade	
Elem District Approval HS District Approval	□ yes □	□ no □ no						Ciddo	
		no			THIS CONTRACT IS FOR: Grades 1-12				
Parent or Guardian I	name: (Pleas	e Print)				nester Only	2nd Semester Onl	y Both Semesters	
Linda Hurst Physical Address (st	root addroos	only):				garten/Kinder			
Filysical Address (st	ieet auuress	Offig).			□ 1st Sem	nester Only	☐ 2nd Semester Onl	y Both Semesters	
Distance from home Elementary 4 Distance from home Elementary 0 Contract is for or Students in Each Grade Le Regular Trans Spec. Ed. Trans Room & Board Correspondence	HS 0 to nearest bu HS 0 e-way only	ıs stop, if an	y (one way)	s contract. 9-12 Total	Kindergar by this co To or from To or from Kindergar To or from To or from Deadline PARENTS CLERKS: files.	ten child ride ntract: Bus Stop School ten child ride Bus Stop School : Due to Sch Send origina SUPERINTEN our files.	times per day,times per day, times per day, es without other schotimes per day, times per day, ool Clerk June 1. I to County Supt by Jul	days per week da	
Reg. Contingency Spec. Ed. Contin.						Reimb	ursement rate is detern 20-10-142, MCA.	nined by	
insured driver will tr. 2. In March and June, transported for the p. 3. The payment shall the	s: asport or provide to an sport the studer the District shall posts seat semester. be computed on the state of the stat	cransportation for this. Mileage corray the parent the basis of the se	r the student(s) to tracts are valid of e sum officially a chedule establish	County, hereinaf o and from the school only when transportati pproved in the applica- ted in Section 20-10-1	on for the distance repo	the District(s) when school is in rted on the contra by the teacher or p	session. The parent or guard ct actually occurs. rincipal of the school of the nu rying this contract.	lian assures that a licensed and mber of days the student(s) was	
Elementary School D Jackson Elem	District	Chair, Boa	ard of Truste	es				Date	
High School District		Chair, Boa	ard of Truste	es				Date	
		<u> </u>	I attes	that the above	information is true	and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

Elementary Diseast Responsible for Reimbursing the Contract Jackson Elem Its Phis School File Plant Responsible for Reimbursing the Contract Its Phis School File Plant Responsible for Reimbursing the Contract Its Phis Contract Shared between elementary and high school? Jackson Spring of India Shared between elementary and high school? Jackson Spring of India Shared between elementary and high school? Jackson Spring of India Shared Between elementary and high school? Jackson Spring of India Shared Sha	Helena, MT 5			Due to Scho	ol Clerk June 1				
Is this contract shared between elementary and high school? yes □ no Are you applying for isolation slatus? □ Yes □ No (if yes, please attach explanation) SBUATION: Scora 26-164.2 (McA, provides for increased reimbursement increased rains to the state of the stat	Elementary District Responsible	for Reimbursing the C	ontract		County		Legal Entity		
Is this contract shared between elementary and high school? yes □ no Are you applying for isolation slatus? □ Yes □ No (if yes, please attach explanation) SBUATION: Scora 26-164.2 (McA, provides for increased reimbursement increased rains to the state of the stat	Jackson Flem				Reaverhead		0014		
Agreement between parent (parent name) Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Room & Board Correspondence Reg. Room & Board Correspondence Reg. Correspondence Reg. Room & Board Correspondence Reg. Correspondence Reg. Correspondence Reg. County name) County name) County hereinafter referred to as the District, county and OPI use only) Reimbursement rate is determined by Reimbursement rate is determined b		ponsible for Reimbursi	ing the Contract						
Agreement between parent (parent name) Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Room & Board Correspondence Reg. Room & Board Correspondence Reg. Correspondence Reg. Room & Board Correspondence Reg. Correspondence Reg. Correspondence Reg. County name) County name) County hereinafter referred to as the District, county and OPI use only) Reimbursement rate is determined by Reimbursement rate is determined b									
Solution		en elementary and	high school?						
Student Name			□ No	Stud	lent Name	School	Grade		
Intension for special corunstations of testidence. In order to receive intronseed rates, included accounted committee, and the Chicke of Public Institution. (I.O.2-116 ARI) environmental processor of the district, the country transportation committee, and the Chicke of Public Institution. (I.O.2-116 ARI) environmental cut to isolation has been approved by the District Trustees and the Country Transportation Committee. Elem District Approval yes no	(If yes, please attach explana ISOLATION: Section 20-10-142	ation) , MCA, provides for in	creased reimbursement		John Hamo	3011301	- Clado		
Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee. Elem District Approval yes no no no no no no no n	increased rates, individual circun trustees of the district, the county	nstances must be review transportation commi	ewed and approved by the ittee, and the Office of	Stud	dent Name	School	Grade		
Students Name	Check here only if increased pay	ment due to isolation l	has been approved by the	Stud	dent Name	School	Grade		
Present or Guardian Name: (Please Print) Physical Address (street address only): Statement on the print of the print	HS District Approval ☐ yes	□ no	<u> </u>				Grade		
Semester Only 2nd Semester Only Both Semesters		□ no							
Physical Address (street address only):	Parent or Guardian Name: (F	Please Print)				☐ 2nd Semester Only	y Both Semesters		
Distance from home to nearest school (one way) Elementary 16	Lynn Hirschy Physical Address (street add	ress only):					y Both Semesters		
(county name)	Distance from home to neare Elementary 0 HS 0 Contract is for one-way of Students in Each Grade Level - Only in HS 0 Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency	est bus stop, if any (nly nclude the students to be K Total	covered by this contract. 1-8 9-12 Total Total	KIN Kin by t To c Kin To c Kin To c PAF CLE files	DERGARTEN/PREVIDENCE CONTROL OF THE PREVIOUS CONTROL O	kindergarten: s with other school-a times per day, times per day, es without other schooltimes per day, times per day, cool Clerk June 1. I to County Supt by July IDENTS: Send origina EIMBURSEMENT RA rict, county and OPI ursement rate is determ 20-10-142, MCA.	days per week days per week ol-age students: days per week		
I attest that the above information is true and correct.	(county name) The parties agree as follows: 1. The parent shall transport or prinsured driver will transport the 2. In March and June, the District transported for the past semes 3. The payment shall be compute 4. This contract shall terminate at Elementary School District	ovide transportation for th students. Mileage contra shall pay the parent the s ter. d on the basis of the sche the end of the school year	County, herein the student(s) to and from the scho tots are valid only when transport tum officially approved in the app tedule established in Section 20-1 ar or when the student(s) is no lon	nafter referred ool or bus stop on tation for the dista dication upon certi 0-142, MCA, and	to as the District(s). the days when school is in nee reported on the contrar fication by the teacher or p	session. The parent or guardict actually occurs. rincipal of the school of the nur	ian assures that a licensed and mber of days the student(s) was		
		Chair, Board	d of Trustees				Date		
			I attest that the abov	e information	is true and correct.		<u> </u>		
	Signature - Parent or Guardian					Date			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	a, MT 59620	-2501		Du	e to Scho	ol Clerk June 1			
Elementary District Res	ponsible for Re	imbursing the	Contract			County	<u> </u>	Legal Entity	
Jackson Elem						Beaverhead		0014	
High School or K-12 Dis	trict Responsib	ole for Reimbu	rsing the Cont	ract		County		Legal Entity	
Is this contract share ☐ yes ☐ no	d between el	ementary ar	nd high schoo	ol?					
Are you applying for			□ No		Stud	lent Name	School	Grade	
(If yes, please attach ISOLATION: Section 2	explanation) 0-10-142, MCA	A, provides for	increased rein	nbursement	0.0.		3 5.1.55.	0.000	
rates for special circums increased rates, individu trustees of the district, the Public Instruction. (10.7)	stances of isola lal circumstand ne county trans	tion of resider es must be re portation com	nce. In order to eviewed and ap amittee, and the	o receive proved by the	Stud	lent Name	School	Grade	
Check here only if increase District Trustees and the	ased payment	due to isolatio	n has been ap	proved by the	Stud	lent Name	School	Grade	
Elem District Approval HS District Approval	□ yes □		itials			lent Name	School	Grade	
		no			THIS CONTRACT IS FOR: Grades 1-12				
Parent or Guardian N		e Pilili)			□ 1	st Semester Only	☐ 2nd Semester Only	y Both Semesters	
M D & Heidi Pete Physical Address (str		only):				kindergarten/Kinderg st Semester Only		y	
Distance from home Elementary 8 Distance from home Elementary 0 Contract is for on Students in Each Grade Leventary 1 Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 0 to nearest bu HS 0 e-way only	is stop, if an	y (one way) be covered by this 1-8 Total	9-12 Total	Eximite the point of the point	his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from Bus Stop or from Bus Stop or from School adlines: RENTS: Due to Scho RKS: Send original of for your files. RE	times per day, times	days per week da	
insured driver will tra 2. In March and June, transported for the p 3. The payment shall b	s: sport or provide t insport the studer he District shall past semester. e computed on the eminate at the en	ransportation fo its. Mileage cor ay the parent th ie basis of the si d of the school	r the student(s) to tracts are valid o e sum officially a chedule establish	County, hereinaf o and from the school only when transportation opproved in the applicated ed in Section 20-10-1 student(s) is no longer	or bus stop on on for the dista ation upon certi	to as the District(s). the days when school is in	ct actually occurs. rincipal of the school of the nur ing this contract.	ian assures that a licensed and mber of days the student(s) was	
High School District		Chair, Boa	ard of Trustee	es				Date	
			Lattest	that the above	information	is true and correct.			
Signature - Parent or C	Guardian		1 411001				Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	na, MT 59620	-2501		Du	ue to Schoo	l Clerk June 1		
Elementary District Res	sponsible for Re	eimbursing the	Contract			County	<u> </u>	Legal Entity
Jackson Elem						Beaverhead		0014
High School or K-12 Di	strict Responsit	ole for Reimbu	rsing the Cont	ract		County		Legal Entity
Is this contract share ☐ yes ☐ no	ed between el	ementary ar	nd high schoo	ol?				
Are you applying for			□ No		Stude	ent Name	School	Grade
(If yes, please attach ISOLATION: Section 2	n explanation) 20-10-142, MCA	A, provides for	increased reir	mbursement				
rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.7	ual circumstand the county trans	ces must be re sportation com	viewed and ap mittee, and the	proved by the	Stude	ent Name	School	Grade
Check here only if incre	·	J	ŕ	proved by the	Stude	ent Name	School	Grade
District Trustees and th	e County Trans	portation Con		,	Stud	ent Name	School	Grade
Elem District Approval HS District Approval		□ no □ no						Grade
	□ yes	□ no				CONTRACT IS FO es 1-12	<u>DR:</u>	
Parent or Guardian	Name: (Pleas	e Print)				t Semester Only	□ 2nd Semester Onl	y Both Semesters
Scott Lula		I. A.				indergarten/Kinder		
Physical Address (st	reet address	only):			☐ 1s	t Semester Only	□ 2nd Semester Onl	y Both Semesters
Distance from home Elementary 4 Distance from home Elementary 0 Contract is for or Students in Each Grade Lee Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 0 to nearest bu HS 0 ne-way only	ıs stop, if an	y (one way)	is contract. 9-12 Total	Kind by th To or To or Kind To or To or Dea PAR CLEI files.	is contract: from Bus Stop from School ergarten child ride from Bus Stop from School dlines: ENTS: Due to Scho RKS: Send original NTY SUPERINTEN for your files. RE (For dist	times per day,times per day,tool Clerk June 1.	days per week da
insured driver will tr 2. In March and June, transported for the The payment shall	rs: nsport or provide to ansport the studer the District shall poast semester. be computed on the	cransportation for this. Mileage corray the parent the basis of the se	r the student(s) to tracts are valid of e sum officially a chedule establish	County, hereinaf o and from the school only when transportati pproved in the applica ned in Section 20-10-1	fter referred I or bus stop on the distantation upon certification upon the distantation upon the distantatio	ce reported on the contract	session. The parent or guard at actually occurs. incipal of the school of the nu ing this contract.	iian assures that a licensed and mber of days the student(s) was
Elementary School I Jackson Elem			ard of Truste					Date
High School District		Chair, Boa	ard of Truste	es				Date
			I attes	t that the above	information i	s true and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005 Due to School Clerk June 1 Contract #

Heler	na, MT 59620	-2501		Dı	ue to Scho	ol Clerk June 1				
Elementary District Re	sponsible for Re	eimbursing the	Contract			County		Legal Entity		
Jackson Elem						Beaverhead		0014		
	High School or K-12 District Responsible for Reimbursing the Contract					County		Legal Entity		
Is this contract share	od botwoon ol	omontary an	d high scho	al2						
ges no	eu between ei	ememary an	u nign schoo	JI!						
Are you applying for			□ No		Stuc	lent Name	School		Grade	
(If yes, please attack ISOLATION: Section 2	h explanation) 20-10-142 MCA	A provides for	increased rein	mbursement	1	ioni ramo	Contoon		Grade	
rates for special circum	nstances of isola	ition of resider	ice. In order to	o receive	Stuc	lent Name	School		Grade	
increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of			30.00				Grado			
Public Instruction. (10.	7.116 ARM prov	rides guideline	s for such.)		Stud	lent Name	School		Grade	
Check here only if incre District Trustees and the	eased payment one County Trans	due to isolatio	n has been ap imittee.	proved by the						
		Ini	tials		Stud	Student Name School Grade				
Elem District Approval HS District Approval	□ yes □	□ no □ no					. D			
County Approval Parent or Guardian		no			THIS CONTRACT IS FOR: Grades 1-12					
Falent of Guardian	ivallie. (Fieas	e Fillit)			□ 1	st Semester Only	2nd Semester On	ly Both Se	mesters	
Stephanie A. Pe					Pre-	kindergarten/Kinder	garten			
Physical Address (s	treet address	only):			□ 1	st Semester Only	 2nd Semester On 	ly ☐ Both Se	mesters	
						DERGARTEN/PRE				
Distance from home	to nearest sc	hool (one wa	av)			dergarten child ride his contract:	es with other school-	age students a	Iso covered	
Elementary 8.5	HS 0	`	,		To c	To or from Bus Stop times per day, days per week To or from School times per day, days per week Kindergarten child rides without other school-age students: To or from Bus Stop times per day, days per week To or from School times per day, days per week To or from School days per week				
Distance from home	to nearest bu	is stop, if any	(one way)		To o					
Elementary 0	HS 0				To c					
☐ Contract is for or	ne-way only				Тос	or from School	times per day, __	day	s per week	
Students in Each Grade Le	evel - Only include	the students to b	e covered by thi	is contract.	Dea	adlines:				
	Pre-K	К	1-8	9-12	PAF	RENTS: Due to Sch	ool Clerk June 1.			
	Total	Total	Total	Total			to County Supt by Ju	ly 1, retain a co	ρy for your	
Regular Trans					files	•				
Snoo Ed Trans							IDENTS: Send origina	al to OPI by July	y 10, retain a	
Spec. Ed. Trans					copy	for your files.				
Room & Board					REIMBURSEMENT RATE					
Correspondence						(For district, county and OPI use only)				
Reg.										
Contingency						Reimbi	ursement rate is determand ursement rate is determined at 20-10-142, MCA.	mined by		
Spec. Ed. Contin.										
Agreement between	n parent (parer	nt name)			, and	d school district (distr	rict name)		,	
(. "	,		Oarratir hansina		·	,			
(county name) The parties agree as follow				•		to as the District(s).				
insured driver will to	ransport the studer	nts. Mileage con	tracts are valid of	only when transportat	tion for the dista	nce reported on the contract				
transported for the	past semester.		•		·	,	rincipal of the school of the nu	umber of days the stu	dent(s) was	
This contract shall	terminate at the en	d of the school y	ear or when the	student(s) is no long		the information accompany thool, whichever occurs firs		•		
Elementary School Jackson Elem	District	Chair, Boa	ard of Truste	es				Date		
High School District		Chair, Boa	ard of Truste	es				Date		
0:	0 "		I attes	t that the above	information	is true and correct.	Data			
Signature - Parent or	Guardian						Date			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

Helena, MT 59620	-2501	Due to	School Clerk June 1			
Elementary District Responsible for Re	eimbursing the Contract		County		Legal Entity	
Jackson Elem			Beaverhead		0014	
High School or K-12 District Responsib	ole for Reimbursing the Con	tract	County		Legal Entity	
Beaverhead County H S			Beaverhead		0006	
Is this contract shared between el ☐ yes ☐ no	ementary and high scho	ol?				
Are you applying for isolation statu (If yes, please attach explanation)			Student Name	School	Grade	
ISOLATION: Section 20-10-142, MCA rates for special circumstances of isola	A, provides for increased rein					
increased rates, individual circumstanc trustees of the district, the county trans Public Instruction. (10.7.116 ARM prov	ces must be reviewed and a sportation committee, and th	oproved by the	Student Name	School	Grade	
Check here only if increased payment District Trustees and the County Trans	due to isolation has been ap	proved by the	Student Name	School	Grade	
Elem District Approval □ yes	Initials □ no		Student Name	School	Grade	
	□ no		THIS CONTRACT IS FOR	<u> </u>		
Parent or Guardian Name: (Pleas	e Print)		Grades 1-12 ☐ 1st Semester Only	2nd Semester Only	□ Both Semesters	
Tracy Folson			Pre-kindergarten/Kindergarten ☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters			
Physical Address (street address	only):					
Distance from home to nearest so Elementary 7.5 HS 42.5 Distance from home to nearest but Elementary 0 HS 7 Contract is for one-way only Students in Each Grade Level - Only include Pre-K Total Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	is stop, if any (one way)	is contract. 9-12 Total	by this contract: To or from Bus Stop To or from School Kindergarten child rides To or from Bus Stop To or from School Deadlines: PARENTS: Due to School CLERKS: Send original to files. COUNTY SUPERINTEND copy for your files. REII (For district	times per day, times per day, times per day, without other school times per day, times per day, times per day,	days per week -age students:	
Agreement between parent (parent (county name) The parties agree as follows: 1. The parent shall transport or provide to insured driver will transport the studer. 2. In March and June, the District shall put transported for the past semester. 3. The payment shall be computed on the temperature of the past semester. 4. This contract shall terminate at the end the shall transported for the past semester. Elementary School District Jackson Elem	cransportation for the student(s) to the student (s) to the student (s) to the student (s) the	County, hereinafter re o and from the school or bus only when transportation for t ipproved in the application up ned in Section 20-10-142, MC student(s) is no longer enrol	he distance reported on the contract con certification by the teacher or prince. A, and the information accompanying	ession. The parent or guardial actually occurs. cipal of the school of the numb		
High School District Beaverhead County H S	Chair, Board of Truste	es			Date	
Boavement County 113	I attes	t that the above inforn	nation is true and correct.			
Signature - Parent or Guardian Date						

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

Helena, MT 5		I	Due to Scho	ol Clerk June 1			
Elementary District Responsible	for Reimbursing the Co	ontract		County		Legal Entity	
Reichle Elem				Beaverhead		0015	
High School or K-12 District Res	ponsible for Reimbursi	ng the Contract		County		Legal Entity	
Beaverhead County H	S			Beaverhead		0006	
Is this contract shared betwee □ yes □ no	een elementary and	high school?					
Are you applying for isolation (If yes, please attach explan		□ No	Stud	dent Name	School	Grade	
ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)				dent Name	School	Grade	
				Jone Hamo			
Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.				dent Name	School	Grade	
Elem District Approval	Initials Elem District Approval □ yes □ no				School	Grade	
County Approval	□ no			S CONTRACT IS FO des 1-12	<u>)R:</u>		
Parent or Guardian Name: (I	Please Print)			st Semester Only	□ 2nd Semester Only	□ Both Semesters	
Michael Raffety Physical Address (street add	laces ealth.			Pre-kindergarten/Kindergarten ☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters			
Physical Address (street add	iress only):		□ 1				
Distance from home to neare Elementary 0 HS 2 Distance from home to neare Elementary 0 HS 6.8 Contract is for one-way of Students in Each Grade Level - Only in Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency	est bus stop, if any (constraint) only include the students to be only	one way)	Kinne by to Took Kinne Took Took Took PAR	his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Scho ERKS: Send original . JNTY SUPERINTEN y for your files. RECENTS: RECENTER OF THE PROPERING OF THE	times per day, times per day, times per day, s without other school times per day, times per day, times per day, tool Clerk June 1.	days per week days per week 1, retain a copy for your to OPI by July 10, retain a TE use only)	
Spec. Ed. Contin.				Reinbi	20-10-142, MCA.	ined by	
insured driver will transport the line March and June, the District transported for the past semes The payment shall be compute This contract shall terminate a Elementary School District Reichle Elem	rovide transportation for the students. Mileage contral shall pay the parent the siter. do not the basis of the scheet the end of the school year Chair, Board	e student(s) to and from the schots are valid only when transporum officially approved in the appulue established in Section 20-ror when the student(s) is no loof Trustees	nafter referred nool or bus stop on rtation for the dista plication upon certi 10-142, MCA, and	to as the District(s). the days when school is in nee reported on the contract fication by the teacher or protection of the information accompany	session. The parent or guardia actually occurs. incipal of the school of the num	ber of days the student(s) was	
High School District Beaverhead County H S	Chair, Board	of Trustees				Date	
I attest that the above information is true and correct.							
Signature - Parent or Guardian Date							